

## OWNER REQUEST FOR RENT INCREASE

Head of Household Name: \_\_\_\_\_

Assisted Unit Address: \_\_\_\_\_

Proposed Date of Increase:   /  /        Current Rent: \$                 Proposed New Rent: \$           

### REQUIREMENTS:

- The proposed date for the increase in rent must be at least sixty (60) days after the postmark date of this request or 60 days after the THDA receives this request. The increase must start on the first day of the month.
- An owner may only request an increase in rent:
  - 60 days prior to the Annual Recertification due date if the request is being requested along with a request for a new lease

### REASON FOR REQUEST FOR RENT INCREASE (check all that apply):

☐ Taxes Increased      ☐ Market Value Increased (would be evident in rents at other units in the area)  
☐ Renovations/Repairs      ☐ Other, please state reason: \_\_\_\_\_

### RENT REASONABLENESS TEST (fill out chart below):

The rent which an owner requests on a unit occupied by a tenant assisted as a participant of the Housing Choice Voucher Program must be reasonable, which means comparable to rents charged for similar, unassisted units. Therefore, the THDA must perform a rent reasonable test on the proposed new rent.

**Owners of Single Family Units** – The THDA must locate three (3) units with comparable amenities (square footage, bedroom size, etc.) to the assisted unit in the market area of the assisted unit to determine whether the requested rent is reasonable. If the THDA is unable to locate three such comparables, then the proposed new rent must be denied. Please assist the THDA by completing the table below.

**Owners of Multi-family Units** – Owners of multi-family complexes that consist of 4 or more units **must complete the table below** for the three most recently leased, comparable **unassisted** units on the premises. If the owner fails to complete the table, then the proposed new rent must be denied.

Unit Address (apt. # if appl.); Name and Phone of Contact person for Unit	Rent	Utilities Provided by Owner	Unit Type (Apt, House, Duplex, etc.)	No. Bedrooms	No. Baths
	\$				
	\$				
	\$				

### OWNER RENT REASONABLENESS CERTIFICATION AND ACKNOWLEDGEMENT:

*I, the owner or agent of the assisted unit, certify that the proposed new increased rent I am requesting is not more than the rent charged for other unassisted comparable units as defined above or under my ownership/management.*

*I understand that the tenant may choose or be forced to relocate if they cannot afford a higher tenant rent.*

*I acknowledge that I must complete and sign this form, have the participant sign this form, and return this form to the THDA.*

*If I am requesting this increase in rent, along with a request for a new lease at Annual Recertification, then I must assure that the THDA is in receipt of this request and the request for a new lease AT LEAST 60 DAYS PRIOR TO THE ANNUAL RECERTIFICATION DUE DATE.*

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

**PARTICIPANT ACKNOWLEDGEMENT:**

*I, the participant under the HCV Program, and the tenant of the assisted unit, acknowledge that I have read this form and that I understand that I DO NOT need to agree to this increase in rent. However, if I do not agree to this increase in rent, then the THDA will have to issue me a voucher to relocate.*

\_\_\_ I agree to the proposed increase in rent of \$\_\_\_\_.

\_\_\_ I DO NOT agree to the proposed increase in rent and am requesting to relocate to a new unit.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

You may mail, fax, email, or hand deliver this request to the THDA using the contact information below. Please be sure to provide full postage. All THDA offices have secure drop boxes for deliveries when offices are closed.

For questions or concerns, please contact your THDA Rental Specialist, **Rental Assistance Specialist Name, THDA Field Office, Street Address, City, State, Zip, Phone, Fax, Email.**