



# MetroRock Housing Connection

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM



## RENT INCREASE REQUEST FORM

Utility change only (Landlord changing responsibility for utilities)

LANDLORD/AGENT INFORMATION	TENANT INFORMATION
1. OWNER NAME: _____	2. NAME: _____
MANAGING AGENT: _____	ADDRESS: _____
ADDRESS: _____	APT.# _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
PHONE: ( ) -	PHONE: ( ) -
E-MAIL: _____	E-MAIL: _____

**BUILDING INFORMATION**

3. SQ. FEET: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_ # OF BEDROOMS: \_\_\_\_\_ # OF BATHROOMS: \_\_\_\_\_

# OF UNITS IN BUILDING: \_\_\_\_\_ TYPE OF RESIDENCE:  Detached (house/townhouse/duplex)

Multi-Family (5+units/High-rise/Low-rise)

**AMENITIES PROVIDED BY PROPERTY OWNER**

4.

<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Central Air	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Washer/Dryer hook-ups	<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Pool	<input type="checkbox"/> Lawn Maintenance
<input type="checkbox"/> Laundry Facility	<input type="checkbox"/> Garage Parking	<input type="checkbox"/> Deck	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Carport Parking	<input type="checkbox"/> Porch	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Off-Street Parking #	<input type="checkbox"/> Balcony	<input type="checkbox"/> Other _____

**RENT INCREASE REQUEST**

5. CURRENT CONTRACT RENT \$ \_\_\_\_\_ REQUESTING CONTRACT RENT TO BE \$ \_\_\_\_\_

6. Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**MetroRock RENT DETERMINATION**

Pursuant to Section B, 6 of the HAP contract, the Greater Metropolitan Area Housing Authority of Rock Island County (GMAHA) has reviewed your rent increase request to determine if the requested rent is reasonable and that it does not exceed other comparable market rate rents. The following details GMAHA's decision;

**YES** Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date \_\_\_\_\_ of your HAP contract.

**ADJUSTED** Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjustment rent amount is \$ \_\_\_\_\_, effective on the renewal date of \_\_\_\_\_ of your HAP contract.

**NO** Your rent increase request has been determined not to be reasonable with other market rate rents at this time. You may resubmit another request 60 days before your next annual HAP contract renewal.

**OTHER** \_\_\_\_\_

MetroRock Signature \_\_\_\_\_ Date \_\_\_\_\_