



HOUSING CHOICE VOUCHER

CONTRACT RENT INCREASE REQUEST

Date: ____/____/20__

Tenant Name: _____ Tenant Notified on: ____/____/20__

Address: _____ Bedrooms: _____

Current Contract Rent: \$_____ Reasonable Contract Rent Request: \$_____

Utilities Paid by Tenant: (please circle) Electric Gas Water Sewer Trash None

Please list any additional amenities added or other factors that have occurred since the last rent amount was placed into effect that would justify an increase in rent:

Owner Name: _____ Owner's Phone Number: _____

Owner's Address: _____

Owner's Signature: _____

Federal Regulations require that the tenant and the Salina Housing Authority receive notice of any proposed rent increase at least 60 days prior to the effective date of the increase. Failure to provide a 60 day notice will cause the effective date of the rent increase (if approved) to be later than the recertification date (and the date of the new lease).

FOR OFFICE USE ONLY:		
APPROVED: _____	DISAPPROVED: _____	NEGOTIATED RENT: _____
HCV MANAGER: _____	EFFECTIVE DATE: _____	

