

## Union County Housing Assistance Program Request for Rent Increase

**Tenant Name:** \_\_\_\_\_

**Address of unit:** \_\_\_\_\_

**Current Rent:** \_\_\_\_\_ **Requested New Rent:** \_\_\_\_\_

Are there any utilities include in the rent, please list those that are landlord supplied.

\_\_\_\_\_

The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following for the most recently leased comparable unassisted units within the premises.

| Address and Unit Number | Date Rented | Rental Amount |
|-------------------------|-------------|---------------|
| 1.                      |             |               |
| 2.                      |             |               |
| 3.                      |             |               |

Owner Name/Owner Representative:

\_\_\_\_\_

(Print)

\_\_\_\_\_

(Signature)

Date Requested: \_\_\_\_\_

***All requests for rent increases must be made 60 days prior to Lease renewal. By completing this form you are requesting an increase, the program will review the provided information and will inform the landlord if the increase has been approved or denied.***