

REQUEST FOR RENTAL INCREASE
Please return in the self-addressed envelope provided

Date: _____

Tenant Anniversary Date: _____

Landlord/Owner Name: _____

Tenant Name: _____

Landlord/Owner Address: _____

Tenant Address: _____

Are you requesting a rental increase this year? Yes No If yes, complete the following:

Amount of increase: _____

Effective date of increase: _____

The new lease must be attached in order to process the request
The tenant must agree to the rental increase before such increase can be processed.

Tenant Signature: _____

Date Tenant Signed: _____

(Tenant, by signing this form you agree to the rental increase)

Landlord/Owner Signature: _____

Form must be returned to the CHD by _____

If you have any questions, please contact your housing specialist at (623) 930-2180

Owner's Certification. 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. **Please complete the following section for most recently leased comparable unassisted units within the premises or elsewhere.**

| Address & Unit Number | Date Rented | Rental Amount | | |
|-----------------------|-------------|---------------|---|-------------------------|
| | | | Print or Type Name of Owner/Representative | Telephone Number |
| | | | Signature: _____ | |
| | | | Business Address: _____ | Date |

Rental Increase Approved? Yes No (Based on rent reasonableness only)

For Glendale Community Housing Division Use Only

Inspector

Date