

REQUEST FOR RENT INCREASE DECREASE

BEFORE YOU SUBMIT YOUR INCREASE REQUEST, BE ADVISED THAT IF THE RENT INCREASE IS DENIED, AND THE CURRENT RENT CHARGED IS NOT DEEMED REASONABLE, YOU WILL BE REQUIRED TO LOWER YOUR CURRENT RENT.

Your Request Must Be Submitted No Less Than 60 Days Before the Anniversary Date!!

Date: _____ Landlord/Owner/Manager FAX: _____
 Landlord/Owner/Manager Name: _____ Tenant Name: _____
 Landlord/Owner/Manager Address: _____ Tenant Address: _____

If you requesting a rental increase this year, complete the following– **FOR ANY INCREASE TO BE CONSIDERED, YOU MUST ATTACH A COPY OF THE NEW LEASE**

***** RENT MUST INCLUDE RENT AND TAX ONLY, LESS CONCESSIONS. DO NOT INCLUDE WATER, SEWER OR TRASH. *****

Current Rent: \$ _____ Requested Rent \$ _____ Date of Annual Recertification _____. **STOP!** Is the new lease attached?

* **CHD will not grant a request for increase at any time other than the annual recertification date, and the new lease must be attached!!** *

**** If you sign a new lease and the increase is not approved, you will be required to re-sign.

**** *The tenant must acknowledge the rental increase before such increase can be reviewed. Tenant must sign and date the next line.*

Tenant Signature: _____ Date _____

(Tenant, by signing this form you acknowledge the rental increase, if approved by Glendale Housing.)

*** **Landlord/Owner Signature:** _____ **Date** _____

APARTMENT COMPLEXES- Owner's Certification. Program regulations 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. **Complete the following section for most recently leased comparable unassisted units within the premises or elsewhere and submit with the current rent roll, or your request will not be processed.**

Address & Unit Number	Date Rented	Rental Amount	Is this family assisted?	Telephone #	Fax #
			Y N	Name and Business Address of Owner/Representative	
			Y N		
			Y N		
				Signature _____	Date _____

FOR COMMUNITY HOUSING DIVISION USE ONLY

REQUESTED RENT APPROVED YES ___ NO ___ CHD Representative _____ Date _____	RENT INCREASE DENIED DUE TO UNTIMELY REQUEST CHD Representative _____ Date _____
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PLEASE E-MAIL TO EACH: GVILLAMORENO@GLENDALEAZ.COM & FORTEGA@GLENDALEAZ.COM