



OWNER REQUEST FOR RENT INCREASE

Name of Landlord/Management Company: _____
 Contact Phone Number: _____ Email: _____
 Head of Household Name: _____
 Assisted Unit Address: _____
 Proposed Date of Increase: __/__/__ Current Rent: \$ _____ Proposed New Rent: \$ _____

REQUIREMENTS:

- All rent adjustments will be effective the first of the month following 60 days after the PHA’s receipt of the owner’s request or on the date specified by the owner, whichever is later.
- An owner may only request an increase in rent after the initial lease term.
- The approval of a rent increase may not exceed one (1) per year.
- The proposed new rent for the assisted unit must be reasonable, which means comparable to rents charged for similar, unassisted units within a twenty-five (25) mile radius. Therefore, the JHA must perform a rent reasonable test on the proposed new rent amount.

REASON FOR REQUEST FOR RENT INCREASE (check all that apply):

Taxes Increased Market Value Increased (would be evident in rents at other units in the area)
 Renovations/Repairs Other, please state reason: _____

OWNER ACKNOWLEDGEMENT:

I, the owner or agent of the assisted unit, certify that the proposed new rent is not more than the rent charged for other unassisted comparable units as defined above or under my ownership/management.

I understand that the tenant may choose or be required to relocate if they cannot afford a higher tenant rent.

I acknowledge that I must complete and sign this form and return this form to the JHA at least 60 days prior to the requested effective date. I further acknowledge that I’ve spoken with the current resident and have made the resident aware of this rent increase request.

If I am requesting this increase in rent, along with a request for a new lease at Annual Recertification, then I must assure that the JHA is in receipt of this request and the request for a new lease AT LEAST 60 DAYS PRIOR TO THE ANNUAL RECERTIFICATION DUE DATE.

OWNER SIGNATURE

DATE

You may email, fax, mail, or place this request in our drop box. Our fax is 731-425-4605. Mailing address is 125 Preston St., Jackson, TN 38301.

For questions or concerns, please contact the assigned Eligibility and Occupancy Specialist at 731-422-1671.