

# HOUSING CHOICE VOUCHER PROGRAM – CMHA: RENT INCREASE REQUEST

Please return this form to initiate your formal request for an annual rent increase.

**\*IMPORTANT NOTE\***: When you submit a rent increase request, a Rent Reasonableness test will be conducted. If the results of this test indicate that an amount less than your current contract rent should be paid, CMHA-HCVP is **required** to **reduce** your contract rent accordingly. This is mandated by the Code of Federal Regulations (CFR) 982.507(4), which states: “At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA.”

A request for a rent increase must comply with all of the following requirements before this Public Housing Authority (PHA) can approve your request.

- You must first provide confirmation that your tenant will sign an amended Lease for the rent you seek. **This is verified by having the tenant sign this form prior to submission to HCVP.**
- To have your request made effective at the contract anniversary (lease) date, it must be submitted no less than 60 days prior to the anniversary date. No rent increases can occur during the first 12 months of a new contract.
- For a multi-family apartment building or complex having 3 or more units under the Building Rent Program, please submit your current rent schedule or a rent roll.

In addition, please note our procedures for processing rent increase requests.

- Only one request per unit will be processed by this agency during any 12-month period.
- Submit a lease addendum accepting the approved annual rent increase – provided by the HCVP.
- Notes to client:
  1. Your monthly rent may increase by some or the entire approved rent increase amount.
  2. Your Utility Assistance Payment, if any, may change as a result of this request. Any possible change would be communicated to you 30 days prior to the effective date.

Date of Request: \_\_\_\_\_

My current contract rent is \$\_\_\_\_\_ per month.

I would like to increase the rent to \$\_\_\_\_\_ per month.

The following information must be provided:

_____ Telephone No.	_____ Fax No.
_____ Email Address	_____ <b>Property Parcel No.</b>
_____ Landlord Name (printed)	_____ Client Name & Control No. (printed)
_____ Landlord Name (signature)	_____ Client Name (signature)
_____ Landlord Address	_____ Unit Address
_____ City, State, Zip Code	_____ City, State, Zip Code

Housing Choice Voucher Program – CMHA 3400 Hamilton Ave, Cleveland, OH 44114  
HCVP Finance Fax No.: 216-432-3971

**CMHA’s Housing Choice Voucher Program provides reasonable accommodations to persons with disabilities. If you need an accommodation, including auxiliary aids and/or services, please contact Customer Service at 216-431-1471 (voice) or 1-800-750-0750 (Ohio Relay Service).**