



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Housing Choice Voucher Program
3400 Hamilton Ave
Cleveland, Ohio 44114
Tel 216-431-1471
Fax 216-432-3966

Request for Revision of Utility Payment Responsibility
(Utility responsibility changes will NOT be allowed during the initial term of the lease.)

Client Name: _____

Address of unit: _____

City/State/Zip Code: _____, OH _____

This amends the original Request for Tenancy Approval to the following:

[Circle the responsible party Owner or Tenant for each item and fuel as applicable]

Table with 4 columns: Item, Owner, Tenant, Fuel. Rows include Heating, Cooking, Water Heating, Electricity, Water & Sewer, Range, Refrigerator.

Signature of owner and tenant ("family") below indicates agreement with this change and that both parties are aware of the following:

- Transfer of responsibility from owner to tenant will decrease Contract Rent and Tenant Rent.
Transfer of responsibility from tenant to owner will increase Contract Rent and Tenant Rent.

Both the owner and tenant should check our current utility allowance table at www.cmha.net website.

OWNER (or other authorized party)

TENANT ("Family")

Name (printed or typed)

Name (printed or typed)

Signature

Signature

Telephone number

Date

Telephone number

Date

[HCVP office use only below this line]

Effective date of this change: _____

Contract edited by: _____ on [date] _____