



Rent Increase/Decrease Request Form

Rent Reasonableness Policy: Per federal regulation the rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. Therefore, NRHA will conduct a rent reasonableness review to determine if the rent you are requesting is reasonable. By accepting each monthly housing assistance payment from the PHA, the owner certifies that the rent to owner is not more than rent charged by the owner for comparable unassisted units on the premises. The owner must provide information requested by the PHA on rents charged by the owner for other units on the premises. The language of the HAP contract states this requirement.

Please provide your tenant with a copy of this request form.

Please Note:

- This Rent Increase Request Form must be submitted no later than (60) days prior to the effective date of the rent increase.
- The participant's share of the rent does not change unless an updated "Rent Change Notice" letter has been issued by NRHA.

Directions: Please complete this form and the entire Rent Comparable Form on the back even if you are not supplying NRHA with information on comparable unassisted units.

**Incomplete Requests will be rejected.
PLEASE PRINT**

Please return your request via: mail, e-mail, fax or in person to:

NRHA: ATTN: HCV Department
P. O. Box 968 Fax: (757) 314-1307
Norfolk, VA 23501 Email: HCVinfo@nrha.us
Physical Address: 555 E. Main St., Norfolk, VA 23510

Rent Request Information

Part 1: Landlord/Agent Information

Owner/Agent _____

Address _____

Phone No. _____

Email Address _____

Part 2: Tenant Information

Tenant _____

Address _____

NRHA Caseworker _____

Part 3: Rent Increase/Decrease Information

Current Rent Charged to Family

Amount of Rent Change Requested

New Rent Requested

Effective Date (month/day/year)

Part 4: Reason for Increase

☐

Lease Renewal

☐

Major Improvement

☐

Appliance(s) Improvement

☐

Maintenance Increase

☐

Change in Utilities

☐

Other (Specify Below)

For Office Use Only

Date Request Received _____

Date Effective _____

Amount Approved: Staff Signature _____

Date _____



RE: Participant's Name: _____
Name of Building (if any): _____
Address of Unit: _____ Norfolk, VA 235 _____

In order to adequately verify that the requested rent is reasonable, we ask that you supply us with the following information:

Building Type (check type):

- | | |
|---|--|
| <input type="checkbox"/> High Rise (9+ stories) : | Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Mid-rise (5-8 stories) : | Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Garden (1-4 stories) : | Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Townhouse: | |
| <input type="checkbox"/> Duplex: | |
| <input type="checkbox"/> Single Family Home: | |

Owner Provided Amenities (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Cable/Internet Read |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Central A/C unit |
| <input type="checkbox"/> Ceramic Tile Floors | <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Covered and/or Off-street Parking |
| <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Energy Efficient Certified | <input type="checkbox"/> Fenced | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Hardwood Floors |
| <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Yard Sprinkler System | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Playground/Courts | <input type="checkbox"/> Pool | <input type="checkbox"/> Range |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Security System | <input type="checkbox"/> Storage/Shed |
| <input type="checkbox"/> Washer/Dryer Hookups | <input type="checkbox"/> Window/Wall A/C Unit | <input type="checkbox"/> Working Fireplace |

Utilities Provided/Paid by the Owner (check all that apply):

- | | | | |
|--------------------------------------|------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Gas | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Trash |
|--------------------------------------|------------------------------|--------------------------------------|--------------------------------|

Building Age: Year Constructed: _____ Year last major rehab completed: _____
Unit Size: Number of Bedrooms: _____ Number bathrooms: _____ Square Feet: _____

Quality: Check the description that best applies:

- ☐ Newly constructed or completely renovated
☐ Well Maintained and/or partially renovated
☐ Adequate, but some repairs may be needed soon. Some minor maintenance may be needed. No renovation since construction.

Management and Maintenance Services (if applicable):

Is there on-site: Management Staff? ☐ Yes ☐ No
Desk Service? ☐ Yes ☐ No
Maintenance Staff? ☐ Yes ☐ No

Neighborhood/Location Characteristics:

Nearest Public Transportation? _____
Nearest Cross Street to the Unit? _____
Please note any special features: _____

Thank you in advance for your usual cooperation.

Revised 8/19