

## Rent Increase Application Form

### Important Information

- Request for rent increases must be submitted at least sixty (60) days prior to the effective date of the rent increase.
- Rent increases will be effective on the date specified by the owner or on the first of the month following a full 60-day notice to the tenant and the Housing Commission, whichever is later.
- The Housing Commission will not approve a change in the rent during the initial term of the lease.
- If you are requesting a rent increase for an apartment, high-rise or other multifamily unit, you will be asked to provide comparables for unassisted units in the same complex.
- The new rent requested must pass a rent reasonableness analysis conducted by the Housing Commission.
- A new lease/Housing Assistance Payment (HAP) contract is **not** required for leases that renew on a month to month basis unless other lease terms are changing.
- If there is a change in utilities, the tenant and owner must enter into a new Lease.
- If a new lease is executed, a new Housing Assistance Payment (HAP) contract must also be executed with SDHC.

Please return the following documents to request an increase in contract rent:

- Rent Increase Application Form
- Copy of 60 day notice issued to tenant
- If a new lease is executed, include a copy of the six (6) or twelve (12) month lease (signed and dated by both parties)

**To be completed by Owner or Authorized Agent** - This form must be completed in its entirety. You must attach a copy of the letter or written notice of rent change given to the tenant.

Tenant Name	
Rental Unit Address	City, State, Zip

Owner or Authorized Agent		Vendor #
Phone Number	Fax Number	Email Address

### Rent Information

<b>Current Contract Rent</b>	<b>Requested Contract Rent</b>	<b>Proposed Effective Date</b>
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### General Unit Information

# Bedrooms	# Bathrooms	Year Built	Sq. Feet
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### Building Type

- Single Family Detached    
  Apartment    
  Condo    
  Townhouse    
  SRO  
 Duplex/Semi-detached    
  High Rise    
  Manufactured Home    
  Congregate/Shared

How many **unassisted** units of the same bedroom size as the unit occupied by this Section 8 tenant are in this complex? \_\_\_\_\_

Are all of the non-Section 8 units of the same bedroom size Tax Credit or HOME assisted units? **Yes**  **No**

**Account:**

**Owner Certification**

The rent charged for a Section 8 assisted unit must be reasonable in relation to the rents currently being charged for comparable units in the private unassisted market and must not be in excess of the rents currently being charged by the owner for comparable unassisted units in the same complex.

If you are requesting a rent increase for an apartment, high-rise or other multifamily unit, you must provide rental information for two comparable units within the same complex which are NOT subsidized by the Section 8 program or Tax Credit units. These units must be rented at or above the requested rent amount.

Is the complex an apartment, high-rise or other multifamily unit?    **Yes**     **No**

If yes, please complete the table below providing rental information for two comparable units within the same complex which are NOT subsidized by the Section 8 program or Tax Credit units that have rented for approximately the same length of time as the assisted unit.

1. Address of Unit (Include Apt. No.)	Rent Amount	Move-In Date	# of Bedrooms	# of Bathrooms
2. Address of Unit (Include Apt. No.)	Rent Amount	Move-In Date	# of Bedrooms	# of Bathrooms

If you checked “no” above, and the complex **is not** an apartment, high-rise or other multifamily unit, please certify by checking the box below:

The owner or authorized agent certifies that this unit is a single family home or condo and the owner has no unassisted comparable units in the complex.

**New Lease**

The owner or authorized agent is entering into a new lease with the tenant. Please attach the lease and specify the term below: (All leases will be one year unless specified.)    **Note:** A new lease/Housing Assistance Payment (HAP) contract is not required for leases that renew on a month to month basis unless other lease terms are changing. If you choose to offer your tenant a new lease, the requested rent will not be approve without a copy of the signed lease.

6- Month

1-Year

**Owner/Agent Acknowledgement and Signature**

I certify that the information provided on this form is complete and accurate to the best of my knowledge and that the rent requested is not greater than the rent for any other unassisted unit in the building. I understand that this is only a request and is subject to Housing Commission approval. I understand that the increased rent amount may result in an increase in the tenant’s portion and not the amount of the subsidy payment.

\_\_\_\_\_  
Print Name of Owner/Agent

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

Please contact the Housing Commission Rent Change Unit with any questions regarding rent increases:

**Direct Line: 619-578-7667**

**Fax Line: 619-578-7320**

[RADRentChanges@sdhc.org](mailto:RADRentChanges@sdhc.org)