

REQUEST FOR RENT INCREASE / DECREASE

PLEASE READ THE BELOW INFORMATION CAREFULLY BEFORE SUBMITTING YOUR REQUEST

Owners/Agents in the Housing Choice Voucher (HCV) program may request a rent increase after the initial one-year lease term, and once every year thereafter. Upon receipt of your completed request form, HAKC will process your request to determine if the requested rent is reasonable in comparison with unassisted units in the private market. If your request is approved, the rent increase will be effective at the next lease renewal date. If your current rent is not reasonable in comparison with comparable units in the private market HAKC will decreased your rent.

Requests for rent increases must be submitted to HAKC 90-120 days before the anniversary of the lease for the new rent to be effective on the anniversary date. Late or early request may be denied.

If there is a change in utilities, the tenant and landlord must complete a Utility Change Request form and enter into a new Lease and HAP contract.

This form must be completed in its entirety with all required signatures. Incomplete requests may be denied.

Owners must be in compliance with all obligations under the HAP contract, including compliance with the housing quality standards.

Owners should review the area rental market prior to requesting an adjustment to the contract rent. The reasonableness analysis conducted by HAKC may yield results equal, higher, or lower than the current contract rent.

HAKC may limit and/or deny rent increase requests due to funding availability or restrictions.

Please allow 60 days for the Owner Services department to review and respond to your request.

1. TO BE COMPLETED BY THE PROPERTY OWNER OR AGENT:

Tenant Name: _____
Rental Unit Address: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____ - _____

Owner or Authorized Agent: _____ TIN / SSN#: _____
Address: _____
City: _____ State: _____ Zip Code: _____ - _____
Phone: _____ Mobile: _____ Fax: _____
Email: _____

I am hereby requesting (a) rent increase or (b) decrease on the above rental unit based on the following justification. (In the space below, highlight any improvements made to the property, added amenities, etc. Please provide requested overall unit characteristics and amenities below. Do not list maintenance items caused by regular wear and tear).

PLEASE CHECK THE FOLLOWING Rent Increase Rent Decrease

Lease Renewal Date Current Rent Requested Rent Proposed Effective Date

GENERAL UNIT INFORMATION

Number of Bedrooms: _____ Number of Bathrooms : _____ Full _____ ½ baths Unit Size _____ Square feet

BUILDING TYPE

- Single Family Detached Duplex/Triplex/Fourplex Rowhouse/Townhouse Manufactured
 High Rise Low Rise (Including garden / walk-up)

Has the payment responsibility for the utilities changed? Yes No
If yes, please indicate changes below. If no, skip this section

Indicate “O” if items are paid for by the owner and “T” if items are paid for by the tenant.

| ITEM | PAID BY | SPECIFY FUEL TYPE |
|----------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Heating | | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other |
| Cooking | | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other |
| Water heating | | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other |
| Other Electric | | UTILITY INFORMATION MUST BE COMPLETED OR HAKC WILL NOT PROCESS RENT INCREASE REQUEST |
| Water | | |
| Refrigerator | | |
| | | |

AMENTITIES AND SERVICES INCLUDED IN THE RENT (OWNER PROVIDED)

- Stove Refrigerator Garbage Disposal Dishwasher Microwave
 Washer in Unit Dryer in Unit W/D Hook-up Central A/C Window A/C
 Washer in Complex Dryer in Complex Gated Community Parking Garage Handicap Accessible
 Pool

PARKING

- Parking Carport Assigned Garage (_____# Cars) Street Unassigned None

EXTERIOR

- Balcony Patio Deck Porch

UNIT QUALITY

- Newly constructed or completely renovated
 Well maintained and/or partially renovated
 Adequate, but some repairs may be needed soon

By executing this request, I certify that the unit is in decent, safe and sanitary condition and to the best of my knowledge, the above information is correct.

Owner /Agent Signature

Date

2. DELIVERY INSTRUCTIONS

The completed form can be returned as follows:

Mail: Housing Authority of Kansas City, Missouri
Attention: Owner Services Department
3822 Summit Street
Kansas City, Missouri 64111-4652

Fax: 816-968-4110

Email: hcvchange@hkc.org

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FOR HAKC OWNER SERVICES DEPARTMENT USE ONLY:

Rent Increased. Determined Rent: _____

Note: _____

Rent Decreased. Determined Rent: _____

Note: _____

Request Denied

Reason: _____

Housing Specialist Signature

Date: