

# LANDLORD RENTAL INCREASE REQUEST

## 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. Only one request per unit will be processed by The City of New Britain Housing Authority (NBHA) during any 12 month period. This form must be submitted no less than 60 days prior to the contract anniversary date. Late requests may be denied without an opportunity for appeal. This form must be completed in its entirety, landlords must obtain the tenant's signature on any request for a change in contract rent to confirm notification to the tenant. Incomplete requests will be denied. Upon receipt of your completed request form, the NBHA will process your request to determine if the requested rent is reasonable in comparison with unassisted units in the private market. Owners should review the area rental market prior to requesting an adjustment to the contract rent. If your request is approved, you will be sent a Rent Change Notice. If your current rent is not reasonable in comparison with comparable units in the private market the NBHA will decrease your rent. Ref: 24 CFR 982.507(4). For multi-family apartment buildings or complexes having 4 or more units, you must submit your current rent roll.

Owners must be in compliance with all obligations under the HAP contract, including compliance with the housing quality standards, the unit must have passed inspection within the last 14 months. The NBHA may limit and/or deny rent increase requests due to funding availability or restrictions. Please allow 60 days for the NBHA to review and respond to your request.

### TO BE COMPLETED BY PROPERTY OWNER OR AGENT:

Tenant Name \_\_\_\_\_

Rental Unit Address \_\_\_\_\_ Unit # \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/ State/ Zip Code \_\_\_\_\_

I am hereby requesting rent increase 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.)

\_\_\_\_\_

**CURRENT RENT:** \_\_\_\_\_ **REQUESTED RENT:** \_\_\_\_\_

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 \_\_\_\_\_

### TO BE COMPLETED BY TENANT:

I understand that due to the above rent increase/decrease requested by the owner, my rent may be adjusted higher or lower. This is in addition to changes in income and/or family composition reported at my recertification.

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

# OWNER'S RENT REASONABLENESS CHECKLIST AND CERTIFICATION

I, \_\_\_\_\_, certify that the rent that I am charging for the following property address:

\_\_\_\_\_ is reasonable in relation to rents currently being charged for comparable units in the private unassisted market. I also certify that I am not charging a higher rent for a tenant that is receiving Federal or State rental assistance than for a tenant who is not. I can support the rent I am charging based on the following information:

**(Please check one)**

1. \_\_\_\_\_ I am currently charging the same rent for a similar unit to a tenant that is not receiving Federal or State rental assistance.
2. \_\_\_\_\_ This unit was recently rented for the same amount to a tenant who was not receiving Federal or State rental assistance.
3. \_\_\_\_\_ I am charging this rent based on rents being charged for a comparable property located at the following address:  
\_\_\_\_\_

*\*The owner must give NBHA information requested on rents charged by the owner for other units on the premises or elsewhere.\**

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE FILL OUT THE BOTTOM HALF OF THIS FORM COMPLETELY. THANK YOU.**

Number of Bedrooms: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_ Year Constructed: \_\_\_\_\_ Proposed Rent: \_\_\_\_\_ Square feet of unit: \_\_\_\_\_

Owner Supplied Utilities: \_\_\_ No \_\_\_ Yes: Specify: \_\_\_\_\_ Tenant Supplied Utilities: \_\_\_ No \_\_\_ Yes: Specify: \_\_\_\_\_

**HOUSING TYPE:** (check as appropriate) \_\_\_ Single Family \_\_\_ Multi-Family (2/3 three family, condo, row house & garden apts.) \_\_\_ High Rise (5 or More Stories)

*Check as many items as are found in the unit*

**A. LIVING ROOM**

- High quality floors or wall coverings
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to family's needs
- Other: \_\_\_\_\_

**B. KITCHEN**

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter breakfast nook
- Pantry of abundant shelving or cabinets
- High quality cabinets
- Abundant counter-top space
- Modern Appliance(s)
- Exceptional size relative to family's needs

**C. OTHER ROOMS USED FOR LIVING**

- High quality floors or wall coverings
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to family's needs
- Washer and/or dryer

Other: \_\_\_\_\_

**D. BATH**

- Built-in heat lamp
- Large mirrors
- Glass door on shower / tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to family's needs

**E. OVERALL CHARACTERISTICS**

- Storm windows  Storm doors
- Other forms of weatherization (e.g. insulation, weather stripping)
- Screen doors  Screen windows
- Good upkeep of grounds (i.e. site cleanliness) \*
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: \_\_\_\_\_

**F. DISABLED ACCESSIBILITY**

- Unit is accessible to a particular disability?  
\_\_\_ Yes \_\_\_ No

# Request for Rental Increase Schedule

**NBHA**

**OWNER/AGENT**

HAP Anniversary Month	Request for Rent Increase Submittal Month**
January	October <i>(prior to November 1st)</i>
February	November <i>(prior to December 1st)</i>
March	December <i>(prior to January 1st)</i>
April	January <i>(prior to February 1st)</i>
May	February <i>(prior to March 1st)</i>
June	March <i>(prior to April 1st)</i>
July	April <i>(prior to May 1st)</i>
August	May <i>(prior to June 1st)</i>
September	June <i>(prior to July 1st)</i>
October	July <i>(prior to August 1st)</i>
November	August <i>(prior to September 1st)</i>
December	September <i>(prior to October 1st)</i>

**\*\*Those submitted prior to or after the submittal month will be DENIED.**

The completed Rental Increase Request form should be mailed or delivered to:  
**New Britain Housing Authority, 16 Armistice Street, New Britain, CT, 06053.**

**If you have any questions, please call the NBHA at (860)-225-3534.**

**FOR NBHA STAFF USE ONLY:**

**Reasonable Rent Decision:**

- Rent Increase request approved and there is an increase in contract rent. Approved Rent \_\_\_\_\_
- Both utility change request approved and rent increase approved. Approved Rent: \_\_\_\_\_
- Rent Increase Request denied.

Reason: \_\_\_\_\_

**HAP Execution:**

Has a new HAP Contract Amendment been executed between NBHA and the landlord?  Yes  No

Has an inspection passed within the last 14 months?  Yes  No

\_\_\_\_\_  
Signature, HCV Department

\_\_\_\_\_  
Date