

REQUEST FOR RENT INCREASE FORM

The Rent Increase Request Form must be submitted at least sixty (60) days prior to the effective date of the rent increase. You may not increase the family's share without prior written approval from Brockton Housing Authority (BHA).

The BHA will determine if the rent you are requesting is reasonable. The rent charged for a Section 8 assisted 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.

TO BE COMPLETED BY PROPERTY OWNER OR AGENT:

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

Date of Request: _____

Client Name: _____

Client Address: _____

City: _____ State: _____ Zip Code: _____

Landlord Name: _____

Landlord Mailing Address: _____

City: _____ State: _____ Zip Code _____

Landlord Phone Number: _____

Landlord Email Address: _____

What is the **current rent** for the unit? \$_____

What is the **proposed rent** for the unit? \$_____

What is the **requested effective date** for the rent increase? _____

Owner & Tenant Certification

By executing this request, I certify that the unit is in decent, safe and sanitary condition and that I am in compliance with the terms and conditions of the Lease and Housing Assistance Payment Contract.

Owner/Agent Signature

Date

By executing this request, I certify that the Owner has notified me of the request for a rent increase for my unit. I understand my rent may be different from what was requested and I will be notified by the BHA of my new rent share. This is in addition to changes in income and/or family composition reported at my annual recertification.

Tenant Signature

Date

The completed form may be returned in person or as follows:

Mail: **Brockton Housing Authority**
 Attention: Rental Assistance Dept.
 1090 Main Street
 Brockton, MA 02301

Fax: **508-559-0430**