

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 _____

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA) HOUSING AUTHORITY OF THE CITY OF NEW BRITAIN 16 ARMISTICE STREET NEW BRITAIN, CT 06053			2. Address of Unit (street address, apartment number, city, State & zip code)			
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection	

9. Type of House/Apartment

Single Family Detached
 Semi-Detached / Row House
 Manufactured Home
 Garden / Walkup
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy

Section 202
 Section 221(d)(3)(BMIR)
 Section 236 (Insured or noninsured)
 Section 515 Rural Development

Home
 Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____

EMAIL FOR LANDLORD/PROPERTY MGR: _____

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
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			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

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 Bathrooms: ___ Proposed Rent: _____ Single Family: ___ Multi-Family: ___

OWNER PROVIDED AMENITIES - PLEASE CHECK ALL THAT APPLY:

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

Other Amenities Provided by Owner: _____

Request for Rental Increase Schedule

<u>NBHA</u>	<u>OWNER/AGENT</u>
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