



Request for Rent Increase

*All requests must be submitted in writing at least 60 days prior to the effective date. **A copy of the notice provided to the tenant for the rent increase must also be submitted with the request or the request will not be processed.** Only one rent increase per year will be accepted and approved.*

Submit the request to our office or via e-mail to s8rentincrease@phoenix.gov

Date: _____

Owner Name: _____

Contact E-Mail: _____ Contact Phone: _____

Current Rent: \$_____ New Requested Rent: \$_____ New Rent Effective Date: _____

Note: Also complete and submit the attached breakdown with the request.

Tenant Name: _____

Unit Address: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage: _____

Amenities Provided - This must be completed for the most accurate rent comparables.

<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Gated Community	<input type="checkbox"/> Balcony
<input type="checkbox"/> Microwave	<input type="checkbox"/> Washer/Dryer Hookups	<input type="checkbox"/> Carport	<input type="checkbox"/> Front Porch
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Pool	<input type="checkbox"/> Off-Street Parking	<input type="checkbox"/> Back Porch
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Cable Ready	<input type="checkbox"/> Gated Front Yard
<input type="checkbox"/> Blinds	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Patio	<input type="checkbox"/> Gated Backyard

Unassisted Units - Provide information on your 3 most recently leased unassisted units within the complex, if applicable. The listed units must be the same unit size as the unit that the rent increase is being requested for.

Address and Unit #	Date Rented	Rent Amount

Have any utility responsibilities changed from the original HAP contract? Yes _____ No _____

I certify the information provided on this form is complete and accurate to the best of my knowledge and the rent requested is not greater than the rent for any other comparable unassisted units in the complex. **I understand the requested rent may result in an increase to the tenant's portion of the rent and the tenant may exercise their right to move.** By submitting this form, I understand the Housing Department must thoroughly evaluate my request, including comparing the requested rent to rents charged for comparable market-rate units. This could result in one of three outcomes: **1) a denial of the request to change the rent amount, 2) a decrease in the current rent amount, or 3) an approval of the request to increase the rent amount.** I understand the rent for this unit may be reduced or redetermined any time the Housing Department finds the rent charged by the owner exceeds rents charged for other comparable unassisted units.

Owner Signature

Date



Breakdown of Rent and Miscellaneous Taxes/Fees

Base Rent: \$ _____

RUBS (Water/Sewer/Trash): \$ _____ RUBS (Water/Sewer/Trash) Tax: \$ _____

Are RUBS (Water/Sewer/Trash) billed to the tenant separately? Yes _____ No _____

If "yes," the fees/charges for RUBS will not be included in the housing assistance payments.

If RUBS (Water/Sewer/Trash) is included in the base rent, the tenant cannot be charged separately for the service/utility.

Required for ALL tenants?

Pet Fee: \$ _____ Pet Tax: \$ _____ Yes _____ No _____ N/A _____

Pest Control: \$ _____ Pest Control Tax: \$ _____ Yes _____ No _____ N/A _____

Garage/Carport/Parking Fee: \$ _____ Garage/Carport/Parking Tax: \$ _____ Yes _____ No _____ N/A _____

Trash Valet Fee: \$ _____ Trash Valet Tax: \$ _____ Yes _____ No _____ N/A _____

Smart Home Fee: \$ _____ Smart Home Tax: \$ _____ Yes _____ No _____ N/A _____

Technology Fee: \$ _____ Technology Fee Tax: \$ _____ Yes _____ No _____ N/A _____
(Internet, Cable, Phone, etc) (Internet, Cable, Phone, etc)

Washer/Dryer Fee: \$ _____ Washer/Dryer Tax: \$ _____ Yes _____ No _____ N/A _____

PDL (Renters Insurance): \$ _____ PDL (Renters Insurance) Tax: \$ _____ Yes _____ No _____ N/A _____

Common Area Maintenance (CAM) Fee: \$ _____ Common Area Maintenance (CAM) Tax: \$ _____ Yes _____ No _____ N/A _____

Additional Rent/Other Miscellaneous

Additional Taxes

_____ Yes _____ No _____ N/A _____

_____ Yes _____ No _____ N/A _____

Owner Signature

Date