



## Rent Increase Request

**RENT INCREASE POLICY:** This Rent Increase Request Form must be submitted 60-90 days prior to the program participant Annual Recertification Date. Please refer to your HAP contract to verify this date. You may not increase the family’s share without prior written approval from the City of Phoenix Section 8 Housing Choice Voucher (HCV) program.

**RENT REASONABLENESS POLICY:** Per federal regulation 24 CFR 982.507 the City of Phoenix HCV program will conduct a test to 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.

Please complete this form in its entirety and submit by email to the City of Phoenix Housing Department at [section8landlord@phoenix.gov](mailto:section8landlord@phoenix.gov) or assigned Housing Program Representative. **Failure to complete and sign the required form may result in a denial of your rental increase.**

Owner/Property Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_

**Reason for Request**

Standard Rent Increase                     
  Decrease                     
  Change in Utility Responsibility

**Type of Unit**

Single Family Detached                     
  Apartment/Condominium                     
  Townhouse

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

Unit Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Current Rent \_\_\_\_\_

Square Footage \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Electric Provider                      SRP                      APS

Requested Rental Amount \_\_\_\_\_

Condition of Unit                      New                      Good                      Fair                      Below Average

Year Constructed \_\_\_\_\_

**Check box for amenities provided by landlord**

<input type="checkbox"/> Washer	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Washer/Dryer hookups	<input type="checkbox"/> Gated Community
<input type="checkbox"/> Dryer	<input type="checkbox"/> Microwave	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Pool
<input type="checkbox"/> Stove	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Ceiling Fan	

1. Services provided

Landscaping

Pest Control

Pool Maintenance

2. Parking and Exterior Features

Carport (1 car)

Garage (2 car)

Open Parking

Deck

Carport (2 car)

Garage (3 car)

Balcony

Patio

Garage (1 car)

Assigned

Porch

**Utility Information (check boxes)**

Does the information below indicate a change in the utility responsibilities? Yes      No

- The owner shall provide or pay for the utilities and appliances indicated by a "O".
- The tenant shall pay for the utilities and appliances indicated below by a "T".

Item	Specify	Paid By	
Heating	Natural Gas      Electric		
Cooking	Natural Gas      Electric		
Water Heating	Natural Gas      Electric		
Other Electric	Natural Gas      Electric		
Water/Sewer/Trash			
Refrigerator	Appliance provided		
Range/Microwave			

**For Multi-housing Units Only:** Owner Certifications. Program regulations require the PHA to certify that the rent charged to the Housing Choice Voucher tenant is not more than the rent charged for other unassisted comparable units. Complete the following section for most recently leased comparable unassisted units within the premise or elsewhere.

Address and unit number	Date Rented	Rental amount
1.		
2.		
3.		

I certify that the information provided on this form is complete and accurate to the best of my knowledge and that the rent requested is not greater than the rent for any other unassisted unit in the building or area. **I understand that the request may result in an increase in the tenant's portion of the rent and that the tenant may exercise their right to move.** By submitting this rent increase request, I understand that the Housing Department must thoroughly evaluate my request including comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the subject unit. 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 my request to increase the rent amount.** I also understand that the rent for this unit may be reduced or re-determined at any time if the Housing Department finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date