

Rent Adjustment Request Form

Project Name:										
Contract #:										
Project Address:										
Developer Entity/ Owner:										
Effective Date of Proposed Rent Increase:										
Name of Preparer and Agency:										
Phone Number of Preparer:										
Utility Allowances Do tenants pay for utilities at the project? Yes No Complete and attach the "Rent Comparables Spreadsheet"										
City Unit Mix Indicate the number of total City-assisted units by bedroom size for the project. 0 Bed 1 Bed 2 Bed 3 Bed 4 Bed 5 Bed										
50%							1			
Units										
60% Units							1			
							1			

Proposed Rents for City Units

Indicate the proposed rents for the City-assisted units by bedroom size for the project. Rents are to include any applicable utility allowance. City's Maximum Rent Limits are found at:

https://www.phoenix.gov/housingsite/Documents/HOME_Fact_Sheet.pdf

	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed	5 Bed
50%						
Units						
60%						
Units						

Methods of Determining Proposed Rents

The acceptable methods of determining proposed rents:

1) MARKET STUDY:

Eligible market studies should be completed no more than 6 months from the submittal of this form. Complete and attach the required "Rent Comparables Spreadsheet" (Excel form)

OR

2) COMPARABLES:

Eligible comparables from "like" property type (recent marketing materials/website) must be submitted to document the proposed rents. Complete and attach the required "Rent Comparables Spreadsheet" (Excel form)

Submittal requirements are as follows:

- Attach three (3) apartment, townhome, or single-family market studies or comparables
- Comparable properties must be no more than 3 square miles from the subject property
- Comparable properties must be "like-for-like" property types that are similar in size, amenities, and quality

I agree to provide 30 days' notice to all affected tenants prior to the implementation of a rent increase.

Form Authorized By:	
Printed Name and Title:	
Date:	
	signature authority for the property
	For City of Phoenix Housing Department Use Only
Reviewer:	
Approver:	
Printed Name and Title:	
Date:	
	APPROVED DENIED