



Request for Rent Increase Decrease

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 be also be submitted with the request or the request will not be processed.

Only one increase per year will be accepted and/or approved.

Return this form to our office in-person, by emailing it to section8landlord@phoenix.gov or by faxing it to (602) 534-4243.

Date _____

Owner Name _____

Contact Email _____ Contact Phone _____

Current Rent \$ _____	Requested Rent \$ _____
Effective Date _____	
Taxes must be included in the requested rent amount	

Tenant Name _____

Unit Address _____

Square Footage _____ Number of Bedrooms _____ Number of Bathrooms _____

Amenities provided by landlord

<input type="checkbox"/> Washer	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Gated Community	<input type="checkbox"/> Pool
<input type="checkbox"/> Dryer	<input type="checkbox"/> Microwave	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Stove	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Pool Service
<input type="checkbox"/> Carport	<input type="checkbox"/> Garage	<input type="checkbox"/> Washer/Dryer Hookups	<input type="checkbox"/> Pest Control

Unassisted Units

Provide information on the 3 most recently leased unassisted units in the same complex/community, if applicable. The listed units must be the same unit size as the unit the rent adjustment is being requested for.

Address and Unit #	Date Rented	Rental Amount

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

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 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 that 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 also understand that the rent for this unit may be reduced or re-determined at any time the Housing Department finds that the rent charged by owner exceeds rents charged for other comparable unassisted units.

Owner Signature _____

Date _____