



## RENTAL INCREASE REQUEST CHART

Rental increase must be submitted within the submission timeframe listed below. Any request submitted outside of the given timeframe will automatically be denied.

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### EXAMPLE

If the HAP Contract effective date is 1/1/2013, then the Re-Certification Month is also 1/1/2013. Therefore, the Rental Increase Request Form must be received in our office between 9/1/2013 and 9/30/2013 for the increase to take effect on 1/1/2014.

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Effective Month of HAP	Rental Increase Submission Date
JANUARY	September 1 <sup>st</sup> – 30 <sup>th</sup>
FEBRUARY	October 1 <sup>st</sup> – 31 <sup>st</sup>
MARCH	November 1 <sup>st</sup> – 30 <sup>th</sup>
APRIL	December 1 <sup>st</sup> – 31 <sup>st</sup>
MAY	January 1 <sup>st</sup> – 31 <sup>st</sup>
JUNE	February 1 <sup>st</sup> – 28 <sup>th</sup>
JULY	March 1 <sup>st</sup> – 31 <sup>st</sup>
AUGUST	April 1 <sup>st</sup> – 30 <sup>th</sup>
SEPTEMBER	May 1 <sup>st</sup> – 31 <sup>st</sup>
OCTOBER	June 1 <sup>st</sup> – 30 <sup>th</sup>
NOVEMBER	July 1 <sup>st</sup> – 31 <sup>st</sup>
DECEMBER	August 1 <sup>st</sup> – 31 <sup>st</sup>

**Note:** Notification of approval or denial of rental increase is sent by HALC at least 30 days prior to the Re-Certification month.

**Note:** If your unit fails the annual inspection, you are not eligible for a rental increase. Your request will be automatically denied.





**REQUEST FOR RENTAL INCREASE  
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)**

Each year, at the time of the tenant re-examination an owner/landlord may request an increase in their contract rent. To make the request, this form must be completed and submitted to HALC Office at least 90 days prior to the re-examination effective date. The tenant’s signature is required for the form to be accepted as an official rental increase request. Only one request per year per tenant will be processed. This will be the only acceptable form for rental increase request.

\_\_\_\_\_  
Owner’s Name (Please Print)

\_\_\_\_\_  
Owner’s Telephone

\_\_\_\_\_  
Lease Renewal Date

\_\_\_\_\_  
Tenant’s Name (Please Print)

\_\_\_\_\_  
Unit Address (include City, State & Zip)

Prior to approval of any rental increase the unit must have a “pass” rating on the most recent HQS inspection. The new increase rental amount must be determined reasonable to assure that rent charged for the unit is comparable with other unassisted units of similar type (24 CFR 982.507) Please note: If HALC determines that your current contract rent is higher than the Reasonable Rent you may be asked to decrease the amount.

1. Has the responsibility for any of the utilities been changed during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, what date: \_\_\_\_\_)
2. Which utility(ies) changed? \_\_\_\_\_
3. What is the proposed rent amount? \_\_\_\_\_

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

\_\_\_\_\_  
Date

**By executing this request, the owner certifies that the unit is in decent, safe and sanitary condition and that he/she is in compliance with the terms and conditions of the lease.**

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

**Tenant acknowledgement: I have reviewed this form and the information is accurate. I am aware of the request for increase in the rent and that this may result in an increase in my portion of the rent.**

(FOR USE BY HOUSING AUTHORITY OF LACKAWANNA COUNTY)

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Reason For Denial:** \_\_\_\_\_

**HACL Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

