



## 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 1/1/2016, then the Re-Certification Month is also 1/1/2016. Therefore, the Rental Increase Request Form must be received in our office between 9/1/2016 and 9/30/2016 for the increase to take effect on 1/1/2017.

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| <u>Effective Month of HAP</u> | <u>Rental Increase Submission Date</u>       |
|-------------------------------|--|
| 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.



Housing Choice Voucher Program: 145 Railroad Avenue, Peckville, Pennsylvania 18452  
(570) 489-3972 FAX: (570) 382-8906 E-Mail: contact@hacl.org

## Request for Rental Increase Housing Choice Voucher Program

At the time of the tenant re-examination, an owner/landlord may request an increase in their contract rent. To make a request for rental increase, this form must be completed and submitted to the HA CL HCV 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 document will be the only acceptable form for a rental increase. Thank you.

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\_\_\_\_\_  
Owner's Name (please print)

\_\_\_\_\_  
Owner's Telephone:

\_\_\_\_\_  
Tenant's Name (please print)

\_\_\_\_\_  
Tenant's Lease Renewal Date:

\_\_\_\_\_  
Tenant's Unit Address (include City, State, and Zip Code)

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 also be determined reasonable to assure that the rent charged for the unit is comparable with other unassisted units of similar type (24 CFR 982.507). **Please note:** If HA CL determines that your current contract rent is HIGHER than the Reasonable Rent, you may be asked to decrease the amount.

Please answer the following questions:

1. Has the responsibility for any of the utilities been changed during the past year?

YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, what date?:\_\_\_\_\_

2. If answered yes to the first question, what utility(ies) changed?

Utility(ies) changed:\_\_\_\_\_

3. What is the proposed rent amount?: \_\_\_\_\_

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.

\_\_\_\_\_  
Owner/Landlord Signature

\_\_\_\_\_  
Date

**Tenant Acknowledgment:** I have received this form and verify that 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.

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

\_\_\_\_\_  
Date

APPROVED:\_\_\_\_\_ DENIED:\_\_\_\_\_

HACL STAFF SIGNATURE:\_\_\_\_\_