



INDEPENDENCE HOUSING AUTHORITY

providing affordable and safe housing

LANDLORD REQUEST FOR RENT INCREASE

Owners may not raise the rent prior to the first anniversary date. Voucher program participants must be allowed to review the proposed increase and sign this form to advise IHA they wish to accept or reject the increase. If the dwelling unit meets HQS and the owner otherwise is in compliance with the terms of the lease and the owner has requested an adjustment to an amount equal to the lesser of (a) the rent reasonable rent or (b) the amount requested by the owner. The contract rent may be adjusted upward or downward. If the reasonable rent is less than the current rent, the contract rent will be lowered. All increases become effective on the first day of the month and are not prorated or retroactive. **This completed form MUST be received by the Housing Authority sixty (60) days prior to the proposed effective date of the rent increase, which is at the voucher holder's Annual Effective Date / Lease Date. It is the owner's responsibility to return the signed form to the Housing Authority in a timely fashion.**

Address of the Unit (Include City, State and Zip Code)

Name of Voucher Holder

Requested Effective Date for Rent Increase

Current Contract Rent

Requested Increase

Requested Contract Amount

Owner's Information

Owner's Name

Owner / Manager's Signature

Title

Owner's Mailing Address (Include City, State and Zip Code)

TENANT CONSIDERATION OF PROPOSED RENT INCREASE

Please review the proposed contract rent. The amount of the increase may result in you paying a higher tenant rent. If you do not wish to accept the higher rent, you may contact the Housing Authority office and ask to move with your voucher. To do so, you must be in good standing and follow all proper procedures. Please circle one of the following boxes:

(YES) I accept the above rent amount change for the unit in which I currently occupy. I understand this increase may result in a higher tenant rent. I wish to continue Residency at this unit.

(NO) I have reviewed the above rent amount change for the unit in which I currently reside. I cannot afford this increase or do not believe it is fair rent for the unit. I understand that based upon this decision, my landlord may ask me to move. NOTE: If you check "NO" and the owner asks you to move, the landlord must give you proper written notice to vacate the unit. You must immediately provide the Housing Authority with a copy of any notice to vacate.

Tenant Signature

Date



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SECTION 8 (HCV) LANDLORD REQUEST FOR ANNUAL RENT INCREASE

All Rent Increase Requests have to be sent in a minimum of 60 days prior to their Annual Effective Date / Lease Date.

I am requesting an Annual Rent Increase on the following resident:

Date of Request: _____

Resident's Name: _____

Resident's Address: _____

Requested Annual Rent Increase Amount: \$ _____

Effective Date of Rent Change: _____

Landlord / Management Company - Printed Name

IHA HCV Program Specialist

Landlord Signature

Date

Date

Section 8 Office
4215 S. Hocker Dr., Bldg. 5, Independence, MO 64055
Phone 816-836-9200 Fax 816-833-2377 TTY 711