

8933 Interchange Dr. Houston, Texas 77054 Tel: 713-578-2100 Fax: 713-669-4594

Request for Rental Increase/Decrease Form

Housing Choice Voucher Program owners must request a rent increase, in writing, at least 60 days prior to the anniversary date of the lease and contract. Approved rent increases to owners under the Housing Choice Housing Choice Voucher Program will be effective on the anniversary date of the HAP Contract. However, if the rent increase is requested after the re-certification process is completed, (after the first of the re-certification month), the requested rent increase will be considered at the next scheduled re-certification period. Harris County Housing Authority will certify and document on a case-by-case basis that the approved rent does meet approved rent reasonableness.

Tenant Name:	Requested Date:		
Case Manager:			
Unit information			
Unit Address:			
City & Zip Code:			
Lease End Date:			
Current Rent Amount: \$			
Landlord Information			
Owner/Agent's Name:	Contact Number:		
Mailing Address:	Alternative Number:		
City & Zip Code:	Email Address:		
Proposed Amount:\$			
Internal Use Only:			
☐ Approved Amount: \$ Effective	Stamped Received Date:		
Comments:			



Unit Information (Form MUST be completely filled out)

Unit Address:	Apartr	Apartment Number:		
City, State, Zip:				
	<u>Unit Typ</u>	<u>e</u>		
Check appropriate box:				
	☐ Manufacture/Mobil Home	☐ Row House	/Garden Apt.	☐ Two/Three Family (Duplex)
	<u>Unit Size &</u>	<u>Age</u>		
Number of Bedrooms: Numb	per of Bathrooms:	Square Ft	Year B	uilt:
	<u>Utilities</u>	<u> </u>		
<u>Heat Type:</u>	□ Natural Gas □ Bottle G	as/Propane	□ Electric or Oil	
Paid by:	O Owner O Tenant			
Hot Water:	☐ Natural Gas ☐ Bottle Ga	as/Propane	□ Electric or Oil	
Paid by:	O Owner O Tenant			
<u>Cooking</u> :	□ Natural Gas □ Bottle Ga	as/Propane	☐ Electric or Oil	
Paid by:	O Owner O Tenant			
Water Type:	☐ City Water ☐ Well Water	er		
Paid by:	O Owner O Tenant			
Sewer Type:	□ Public Sewer □ Septic 1	Гank		
Paid by:	O Owner O Tenant			
	<u>Maintenar</u>	<u>nce</u>		
Check box if Owner Provided □ Lawn □ Pest Control □ Tras				
	<u>Amenitie</u>	<u>es</u>		
Check box if Owner Provided) NA:	D.W. shar	□ D
☐ Stove/Range ☐ Refrigerator ☐ Hook-ups for Washer/Dryer ☐ Garb	☐ Dishwasher ☐ age Disposal ☐ Ceiling Fans	Microwave□ Gated Com	□ Washernmunity□ Swir	☐ Dryer nming Pool
•	dow/Wall 🗖 None		,	J
Heat: □ Central □ Wind	low/Wall 🗅 Space 🗅 Nor	ne		
<u>Parking</u>				
Garage: □ 1 car □ 2 cars or more Other: □ Assigned □ Unassigne	Carport: □ 1 car □ 2 cared □ Driveway □ None	ars or more		
Rate the overall condition of your un	•	d 🔲 Very (Good □ Fair 〔	☐ Below Average