

GASTONIA HOUSING AUTHORITY RENTAL INCREASE REQUEST FORM

Instructions:

Complete form and submit to Gastonia Housing Authority no less than 60 days prior to requested increase date. The tenant's signature is required for the request to be accepted. Only one request per year per tenant will be processed. This is the only acceptable form for rent increase requests.

I understand that by submitting this rent increase request that GHA must evaluate my property to determine if both the current and requested rent is reasonable. This includes comparing the rent for the subject unit to rents charged for comparable market-rate units in the area. If the current rent is found to be higher than the rents for comparable unassisted units, GHA is required to decrease the amount of the contract rent to owner. This rent decrease cannot be passed along to the tenant.

Form must be filled out completely to be processed.

I certify by signing below that all information provided on this form is complete and accurate to the best of my knowledge.

Tenant Name and Unit Address including zip code: _____ Landlord Name _____

_____ Landlord email address _____

_____ Landlord signature _____

Tenant Signature _____ Date signed _____

If not signed by tenant landlord must provide copy of registered mail/envelope

Current rent: _____ Requested Rent: _____ Proposed Effective Date of Increase: _____

OR apply rent increase at next anniversary

Unit Information:

Bedrooms _____ # Bathrooms _____ Heated Square Footage: _____

House Apartment Duplex Other: _____

Utilities and Appliances Included in the Rent:

Electric _____ Gas _____ Water _____ Sewer _____ Trash Pickup _____ Stove _____ Refrigerator _____

Type of air conditioning: Central _____ Window units _____ None _____

If window units who supplies? Tenant _____ Landlord _____

Has the type or provision of any of the above utilities or appliances changed since the later of initial lease or last rent increase request?

Features and Amenities:

Parking: On street _____ Off street _____ Garage _____ Carport _____

Washer/Dryer Hook-Ups Included _____ Washer included _____ Dryer included _____ No hook-ups in unit _____ Onsite laundry _____

Additional Features and Amenities: Swimming pool _____ Cable ready _____ Ceiling fan(s) _____ Dishwasher _____

Garbage Disposal _____ Microwave _____ Miniblinds _____ Back porch _____ Balcony _____ Deck _____ Fenced back yard _____ Fenced front yard _____ Front porch _____ Patio _____

Accessibility Features: 32" doors _____ Flat Entry _____ Ramped Entry _____

GHA Staff ONLY: Date Receive: _____ Date Processed _____ Re-Cert Date _____

Date Insp Passed _____

Determination: Approved _____ Denied _____ Approved for lower amount (list amount) _____ Increase Effective Date _____

Denial Reason: Form Incomplete _____ Less than 1 year since MI or last rent increase _____ Not passed inspection within past year

No Longer in Unit _____ Requested Rent Not reasonable _____

Other: _____

Date Denial Letter sent to LL: _____

Staff Initials: _____