

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: _____ Year Built _____
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: _____


