



7315 Hanna Street Fort Wayne, Indiana 46816
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Landlord Rental Increase Request

A request for rent increase must comply with all of the following requirements before the Fort Wayne Housing Authority can approve your request.

- No rent increases can occur during the first initial lease term.
- This form must be submitted no less than 60 days prior to the effective date of the requested rent increase.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your unit. Ref: 24CFR 982.507(4)
 - *Note to landlord: A rent reasonableness test will be conducted. If the results of this test indicate that your current contract rent should be reduced. FWHA HCVP is required to reduce the rent accordingly.*
- The tenant must sign this form, verifying they will sign the amended lease (if required) for the rent you seek
 - *Note to Tenant: Your monthly portion may increase by some or the entire approved rent increase amount.*
 - *Note to Landlord: The FWHA must be provided a copy of any new lease or lease extension.*
- If the increase is approved, you will be sent a rental change notice.
- If the increase is denied or the rent amount is required to be reduced, you will receive a letter of notification in the mail.
- If the rent increase is not processed by the housing authority, for any reason, the landlord has 60 days from the effective date of the rent increase to prove the request was submitted on time, in the proper manner and received by the housing authority. Rent increase inquiries more than 60 days from the initial effective date will not be honored and a new rent increase form must be submitted by the landlord.

Address of Unit: _____ Current Monthly Contract Rent: \$_____

Lease ending on _____ Effective Date of rental increase _____

Sq. Footage of unit: _____ # of bedrooms: _____ Approx. yr. unit was built: _____

Date of Last Rent Increase: _____ Proposed Monthly Rent Increase: \$_____

Landlord:

Name: _____ (Please Print) E-mail: _____

Signature: _____ Date: _____

Telephone Number: _____ Fax: _____

Tenant:

Name: _____ (Please Print) Last 4 digit of SSN _____

Signature: _____ Date: _____ Telephone Number: _____

FAX

260.267.9305 Administration
260.267.9306 Housing Choice Voucher
260.267.9307 Public Housing
260.267.9308 Accounting



Rent Survey

Unit Details:

Unit Address _____

City _____

State _____

ZIP Code _____

Subdivision/Apartment Complex _____

Requested monthly rent \$ _____

Number of Bedrooms Number _____

Square Footage _____

of Full Bathrooms Number of 1/2 _____

Year Built _____

Bathrooms _____

Property Type (Select One):

- | | | | |
|--------------------------------------|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Duplex | <input type="checkbox"/> Condo/Co-op | <input type="checkbox"/> Low-Rise |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Triplex | <input type="checkbox"/> Townhouse/Villa | <input type="checkbox"/> High-Rise |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> 4-Plex | <input type="checkbox"/> Row House | <input type="checkbox"/> Loft |

Overall Condition (Select One):

- Excellent: New or fully renovated since last occupied
- Above Average: Recently restored or remodeled
- Average: Mild wear, a few minor updates and repairs needed
- Fair: Heavy wear, several minor updates and repairs needed
- Poor: Extensive wear, major updates or repairs needed

Utilities:

Information MUST match the Request for Tenancy Approval

Are the following included in rent?

- | | | | | | |
|-----------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Electric | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Water | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gas/Oil | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lawn Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trash Pickup | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Fuel Type (Place an "X" in the appropriate boxes)	Heating	Water Heating	Cooking
Natural Gas			
Electric			
Bottle Gas/Propane			
Oil			
Coal/Other (Specify)			



Amenities and Features:

Select heating style:

- Furnace
- Heat Pump
- Other (specify): _____
- Baseboard
- Radiator
- Boiler
- Window/Wall Unit

Does the owner supply air conditioning? Yes No

If yes, select cooling style:

- Central Air
- Other (specify) _____
- Window/Wall Unit
- Swamp Cooler

Laundry (select type):

- Washer in unit
- Washer/dryer hook-up
- Dryer in unit
- Other (specify) _____
- Onsite laundry
- None/

Parking (select type):

Number of cars/spaces: 1 2 3+

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Carport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Garage (must be fully functional & accessible to tenant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Assigned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Driveway | | | |
| <input type="checkbox"/> Unassigned | | | |
| <input type="checkbox"/> Street | | | |
| <input type="checkbox"/> None/Other(specify) _____ | | | |

Other amenities provided by owner (select all that apply):

- Range/stove
- Refrigerator
- Dishwasher
- Garbage disposal
- Microwave
- Security system
- Age restricted
- Lift/Elevator
- Gated Community
- Cable Included
- Fireplace
- Swimming pool
- Ceiling fans
- Fenced Yard
- Balcony/porch/patio

This information is true and correct to the best of my knowledge. I understand that the information provided will be used to determine reasonable rent, and that any information on these forms that is incorrect or unverifiable may result in a rent adjustment.

Landlord/Property Manager Name

Phone

Signature

Date

