

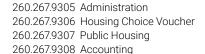
7315 Hanna Street Fort Wayne, Indiana 46816 260.267.9300 T 260.755.1058 TDD | **fwha.org**

Landlord Rental Increase Request

A request for rent increase must comply with <u>all</u> 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 <u>prior</u> to the effective date of the requested rent increase.
- The amount of your request <u>cannot</u> exceed the rents for comparable <u>unassisted units</u> in the same neighborhood of your unit. Ref: 24CFR 982.507(4)
 - o 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
 - o Note to Tenant: Your monthly portion may increase by some or the entire approved rent increase amount.
 - o 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.

	Tier case for the active cash filters by the landiera.		
Address of Unit:	Current Monthly Contract Rent: \$ Effective Date of rental increase		
Lease ending on			
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:		



FΔX



Rent Survey

Unit Details:							
Unit Address							
City State		ZIP	Code				
Subdivision/Apartment Complex							
Requested monthly rent \$		Number of E	Bedrooms N	umber			
Square Footage		of Full Bathrooms Number of ½					
Year Built			Bath	rooms			
Property Type (Select One): House Duplex Condo/Co-op Low-Rise Apartment Triplex Townhouse/Villa High-Rise Mobile Home A-Plex Row House 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:							
Gas/Oil □ Yes □	est for Ten No No	Water Sewer	□ Ye	es 🗆 No			
Lawn Care 🗖 Yes 🗖	No	I rash P	ickup 🗖 Ye	es 🗆 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:

	elect neating style: Furnace Heat Pump Other (specify):	□ Baseboard □ Radiator	□ Boiler □ Window/Wa 	ll Unit
	undry (select type): Washer in unit Washer/dryer hook-u		unit Onsite la necify)	
Pa	Assigned Driveway Unassigned Street	r functional & accessibl		s: 1 2 3-1
	her amenities provided Range/stove Refrigerator Dishwasher Garbage disposal Microwave	□ Lift/Elevator	n	ning pool fans
Th tha an res	nis information is true at the information d that any informati sult in a rent adjustmen	e and correct to the l provided will be us on on these forms nt.	pest of my knowledg ed to determine re that is incorrect or u	e. I understand asonable rent, inverifiable may
Landlord/Property Manager Name		Phone	2	
Sig	gnature		Date	

