

# Easton Housing Authority

308 Bay Street, Taunton, MA 02780

508-880-3318/ FAX 508-822-3460

osantos@tauntonhousing.com

## Request for Rent Increase

Please complete this form and the attached Rent Comparison Form. Any applicable documentation must be attached to the completed forms. Rent increases cannot be effective during the initial term of the lease and can only be increased once per year.

Please return your request at least sixty days prior to the effective date of the rent increase.

### Part A: Rental Unit Information:

Landlord Information	Tenant Information
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Owner/Agent: \_\_\_\_\_

Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

### Part B: Rent Increase Information

Current Charged to Family \$ \_\_\_\_\_

Amount Requested Increase \$ \_\_\_\_\_

Effective Date \_\_\_\_\_

### Part C: Reason for Increase

Lease Renewal

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord/ Manager

\_\_\_\_\_  
Date

I acknowledge that I have received notification of the requested rent increase and I understand that if a rent increase is approved, it could affect my tenant rent share.

\_\_\_\_\_  
Signature of Voucher Holder

\_\_\_\_\_  
Date

## Part D: Rent Reasonableness Unit & Comparable Unit Information

Please fill in the requested information for the proposed unit below. If you would like to submit additional information on three comparable units that support your requested rent, please complete the optional columns. The optional comparable units need to be within the immediate neighborhood/ rental market of the proposed unit.

<b>Unit Information</b>	<b>Required Assisted Unit</b>	<b>Unit #1</b>	<b>Unit #2</b>	<b>Unit #3</b>
Unit Address Apt # (be specific)				
Square Feet				
Date Built				
# of Bedrooms				
# of Bathrooms				
Other Amenities				
Utilities Included Ex: Heat/ Gas,				
Monthly Rent				
Subsidized	Yes / No	Yes / No	Yes / No	Yes / No
Administering Housing Authority				

I \_\_\_\_\_ landlord/ property manager,

- Certify that the information that I have provided is correct to the best of my knowledge.
- Understand that I may not charge rent for a Section 8 assisted unit that is in excess of rents currently being charged for comparable unassisted units.
- Understand that if the rent requested is rejected, I must amend the lease to reflect the reasonable rent.
- Understand that I may not charge the tenant for a rent amount not approved by EHA.

\_\_\_\_\_  
Signature of Landlord/ Manager

\_\_\_\_\_  
Date

Fields with an \* are required. **PLEASE PRINT CLEARLY**

**TENANT INFORMATION**

\* **First Name:** \_\_\_\_\_ \* **Last Name:** \_\_\_\_\_  
**Voucher # / Reference #:** \_\_\_\_\_ **Housing Authority Name:** \_\_\_\_\_

**(STEP 1) PROPERTY LOCATION**

\* **Address:** \_\_\_\_\_ **Unit Number:** \_\_\_\_\_  
 \* **City:** \_\_\_\_\_ \* **State:** \_\_\_\_\_ \* **Zip:** \_\_\_\_\_ \* **County:** \_\_\_\_\_

**(STEP 2) PROPERTY INFORMATION**

* <b>Rent Amount:</b> \$ _____	* <b>Bed(s):</b> _____ * <b>Bath(s):</b> _____	* <b>Square Footage:</b> _____ * <b>Year Built:</b> _____	<b>Quality and Condition:</b> <input type="radio"/> Unknown <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Average <input type="radio"/> Above Average <input type="radio"/> Excellent
* <b>Property Type:</b> <input type="radio"/> House <input type="radio"/> TH/Villa <input type="radio"/> Apt <input type="radio"/> Condo <input type="radio"/> Mobile Home <input type="radio"/> Row House <input type="radio"/> Duplex <input type="radio"/> Triplex <input type="radio"/> 4plex <input type="radio"/> High-Rise <input type="radio"/> Low-Rise <input type="radio"/> Condo (APT) <input type="radio"/> Condo (TH/Villa) <b>Applicable Utility Schedule:</b> _____			

**(STEP 3) AMENITIES AND UTILITIES \* Must Complete for Adjustment Accuracy**

<b>Heating Fuel:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane	<b>Heating Fuel Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Cooking fuel Type:</b> <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil	<b>Cooking Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Hot Water fuel Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil	<b>Hot Water Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Utilities: Electric paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
<b>Water Type:</b> <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	<b>Water Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Sewer Type:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	<b>Sewer Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Cooling Type:</b> <input type="checkbox"/> Window/Wall <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Central <input type="checkbox"/> None		
<b>Heat Type:</b> <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> Radiator <input type="checkbox"/> None <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler		<b>Indoor:</b> <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Cable Included	<b>Laundry Type:</b> <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Dryer <input type="checkbox"/> Washer/Dryer		<b>Kitchen:</b> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal	
<b>Outdoor:</b> <input type="checkbox"/> Swimming pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Balcony	<b>Parking:</b> <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 1 Covered Space <input type="checkbox"/> Street <input type="checkbox"/> Open <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> 2 Covered Spaces <input type="checkbox"/> Assigned <input type="checkbox"/> Unknown <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> None			<b>Maintenance:</b> <input type="checkbox"/> Pest Control Included <input type="checkbox"/> Lawn Included <input type="checkbox"/> Trash Included		

By submitting this form I affirm that I am at least 18 years of age and have read and agree to GoSection8.com terms of use and privacy policy located at: [gosection8.com/Main/terms\\_of\\_use.aspx](http://gosection8.com/Main/terms_of_use.aspx)