

RENT INCREASE/DECREASE REQUEST FORM

Rent Reasonableness Policy per federal regulation 24 CFR 574.320 (a)(3), FHA will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for a Section 8 assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. Additional guidance on Rent Reasonableness issued by the US Department of Housing & Urban Development (HUD) is also available at:

https://www.hud.gov/sites/dfiles/PIH/documents/HCV_Guidebook_Rent_Reasonableness.pdf

Directions: Please complete this form in its entirety and return via your preferred method.

Fayetteville Housing Authority	Phone:	(479)521-3850
Attn: Section 8	Fax:	(479)442-6771
1 N. School Ave.	E-mail:	programs@fayettevilleha.org
Fayetteville, AR 72701		

Please Note:

- For a Rent Increase, this form must be submitted **at least sixty (60) days** prior to the effective date of the rent increase. Late requests may result in a loss of subsidy payment.
- The Participant's share of the rent does not change unless an updated Rent Breakdown is processed.

PART I: TENANT/LANDLORD INFORMATION

Tenant Name: _____

Tenant Address: _____

Landlord Name: _____

Landlord Address: _____

PART II: RENT INCREASE/DECREASE INFORMATION

Current Rent Charged to Tenant: _____

New Requested Rent Amount: _____

Effective Date of Increase/Decrease: _____

FHA USE ONLY

Tenant #: _____

ReExam Type: AR IR

(Please Complete Page 2)



Rent Reasonable / Unit Information

Property Name: _____ Unit Address: _____

Unit Type (check all that apply):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Duplex | <input type="checkbox"/> Garden Apt (3 or more) |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Highrise (2 + stories) |

Unit Condition (will verify at inspection):

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

Utilities to be Provided by Owner:

- | | | | |
|---|---|----------------------------------|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Cooking | <input type="checkbox"/> Heating | <input type="checkbox"/> Other Electric |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Trash Collection | <input type="checkbox"/> Water | <input type="checkbox"/> Water Heating |

# of Bedrooms: _____ # of Bathrooms: _____ Unit Age: _____	Size (sq ft):	<u>1 Bedroom</u>	<u>2 Bedroom</u>	<u>3 Bedroom</u>	<u>4 Bedroom</u>
		<input type="checkbox"/> Up to 500	<input type="checkbox"/> Up to 700	<input type="checkbox"/> Up to 900	<input type="checkbox"/> Up to 1100
		<input type="checkbox"/> 501-750	<input type="checkbox"/> 701-950	<input type="checkbox"/> 901-1200	<input type="checkbox"/> 1001-1400
		<input type="checkbox"/> 751-1200	<input type="checkbox"/> 951-1150	<input type="checkbox"/> 1251-1400	<input type="checkbox"/> 1451-1600
		<input type="checkbox"/> 1201 +	<input type="checkbox"/> 1151 +	<input type="checkbox"/> 1401 +	<input type="checkbox"/> 1600 +

Amenities Provided by Owner:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Cable/Internet Ready | <input type="checkbox"/> Carpeting |
| <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Central A/C Unit | <input type="checkbox"/> Ceramic Tile Floors | <input type="checkbox"/> Clubhouse |
| <input type="checkbox"/> Covered and/or Off-Street Parking | <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Energy Efficient Cert Unit | <input type="checkbox"/> Fenced | <input type="checkbox"/> Garage | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Playground/Courts | <input type="checkbox"/> Pool | <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Security System | <input type="checkbox"/> Storage | <input type="checkbox"/> Washer/Dryer Hookups | <input type="checkbox"/> Window/Wall A/C Unit |
| <input type="checkbox"/> Working Fireplace | <input type="checkbox"/> Yard Sprinkler System | | |

Maintenance:

- Owner Provides onsite Maintenance Owner Provides off site Maintenance

Certification:

- I, the Owner/Owner's Representative, certify that the information I have provided for FHA's consideration is true & correct to the best of my knowledge.
- I understand that I may not charge rent for a Section 8 assisted unit that is in excess of rents currently being charged for comparable units.
- I certify that the HCV Tenancy Addendum executed between the Tenant & the Owner/Owner's Representative remains in effect.
- I understand that if an increase is approved & executed it will serve to amend the Housing Assistance Payment (HAP) Contract.
- I understand if the rent requested is rejected by FHA, I must amend the lease to reflect the reasonable rent.
- I understand that I may not charge the tenant for a rent amount not approved by FHA.

Signature of Owner/Owner's Representative

Date

