

HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Rental Adjustment Procedure

After the anniversary date of the first year of the rental lease and Housing Assistance Payment (HAP) contract, owners may request an adjustment in the contract rent.

The rental adjustment will only be applied to those tenants who have surpassed the one-year mark of their tenancy. We require a 60 to 90-day advance notice prior to the annual re-examination date. The notice must be in writing to both the tenant and The Housing Authority of the Birmingham District (HABD) Assisted Housing/Section 8 Department in order for approval. If proper notice to the client and HABD is not provided, and/or the unit is not in compliance with Housing Quality Standards (HQS), the rental adjustment cannot be effective on the annual re-examination date. Once we receive the proper notice, we will inform you if your rent increase request is approved.

Owners, Agents and Property Managers are required to submit two (2) documents in order for HABD to process a rent adjustment: 1) the HABD Landlord Rent Adjustment Request Form, which is available in our front lobby and on our Agency's website at <u>www.habd.org</u> 2) a copy of the written rent adjustment notice to the tenant. This is to be submitted to the Housing Authority of the Birmingham District, Assisted Housing/Section 8 Department at the following email address:

rentincreaserequests@habd.net

Each unit will be processed individually for a rental adjustment. If an owner, agent or property manager has more than one unit and wants a rental adjustment on several units at the same time, the Rental Adjustment Procedure will be followed for each individual unit. The owner, agent, or property manager will need to submit both the HABD Landlord Rent Adjustment Request Form and a copy of the written rent adjustment notice for each tenant and unit. Group rent adjustments are **not** allowed.

The rental adjustment request will then go through the Rent Reasonableness process. Once rents have been approved and deemed reasonable by our inspection staff, we will process the rental adjustment request for the approved rent effective date.

There is no limit on the amount of rent increase you may request, however, the rent must continue to be reasonable to similar units in the area and it is important to remember, the tenant pays the rent increase on the voucher program and affordability may become a factor if the portion gets too high for them to pay. The 40% rent limitation at initial move in does not apply to annual rent increase.

Housing Authority of the Birmingham District Assisted Housing/Section 8 Housing Choice Voucher Program 1301 - 25th Avenue North • Birmingham, Alabama 35204

Request for Rental Adjustment Form

| OWNER INFORMATION TENANT INFORMATION | | | | | | | | | | |
|---|----------------------------|---|---------------|--|--------------------------------------|-------------------------------|-------------|----------|---------|--|
| Owner Name: | | | | Tenant Name: | | | | | | |
| Address: | | | | Address: | | | | | | |
| | | | | | | | | | | |
| City: | | State: Zip: | | City: | State: Zip: | | | | | |
| Telephone Number: | | Suite. Zip. | | | Telephone Number: | State. | 2.p. | | | |
| Request Rent: | | | | Current Rent: | | | | | | |
| 1. Building Type: | | | | | | | | | | |
| | | Number of Deductions Number of Deductions | | | | | | | | |
| Single Family Detached | Manufactured Home (Mobile) | | | Number of Bedrooms: Number of Bathrooms: | | | | | | |
| Duplex (two combined one story units) Townhous Garden/Walk-up Apartments Congregate | | | RO | | Square Footage: Year Built: | | | | | |
| 2. Amenities/Utilities: | | 00 | | PLEASE DO NOT MARK IN SHADED | | | | | | |
| Carpets | | Yes No | | | | | DO NOT M | | | |
| | | Yes | No | | T4 | | | Provided | Utility | |
| Fireplace | | | | | Item | Specify Fuel T | •• | By | Paid By | |
| Air Conditioning | | Central | Window | | Heating | □ Natural Gas □ □ Electric | Oil | | I | |
| Disposal | | Yes | No | | 0.1 | _ | F1 (' | | | |
| Dishwasher | | Yes Yes | No No | | Cooking | | Electric | | | |
| Microwave (if provided by Owner) | | Yes | No | | Water Heating | □ Natural Gas □ □ Electric | Oil | | i i | |
| Ceiling Fan(s) Handicap Accessibility | | Yes | No | | Other Electric (in concrel) | | | | | |
| 1 7 | | | | | Other Electric (in general) Water | | | | | |
| Garage Security Door/Windows | | One Car Yes | Two Car No | | Sewer | | | | | |
| Playground | | Yes | No | | Trash Collection | | | | | |
| Pool | | | | | | | | | | |
| | | Yes Yes | No No | | Refrigerator | | | | | |
| Carport Laundry Facilities/ W & D Hook ups | | Yes | | | Range/Microwave | | | | | |
| Washer/Dryer (if provided by Owner) | | Yes | No No | | | | | | | |
| Enclosed Balcony/Patio/Storage Room | | Yes | No | | | | | | | |
| Gated complex/Community | | Yes | No | | | | | | | |
| Pest Control (if serviced by Owner) | | Yes | No | | | | | | | |
| Assigned parking # of spaces | | Yes | No | | | | | | | |
| Lawn Care (if serviced by Owner) | | Yes | No | | | | | | | |
| | | | Wall Space | 20 | | | | | | |
| Other | | | | | | | | | | |
| | | | | | | | | | | |
| 3. Unassisted Units: | | | | | | | | | | |
| If complex has three or more units of same bedroom/bath size, provide three comparable data below on <u>unassisted units</u> that are in the same complex for units | | | | | | | | | | |
| currently leased within one year of this request. Are all units assisted: Yes No Individually Owned: Yes No | | | | | | | | | | |
| Toward Name (commendate) Toward's Discus | | | | | | | Date Rented | | | |
| Tenant Name (comparable) Tenant's Phone N | | Number | | | Rent Amount | | | | | |
| Address of Unit (Include Apt | | | | | | # of Bedroom(s)/Bath(s) | | | | |
| Tenant Name (comparable) | Number | | | Rent Amount | | Date Rented | | | | |
| Address of Unit (Include Apt | | | | | # of Bedroom(s)/Bath(s) | | | | | |
| Tenant Name (comparable) | Number | | | Rent Amount | Rent Amount | | Date Rented | | | |
| Address of Unit (Include Apt #) | | | | | | # of Bedroom(s)/Bath(s) | | | | |
| As the Owner, I am aware that: | | | | | | | | | | |
| I am not permitted to live in the unit while I am receiving housing assistance payments. | | | | | | | | | | |
| Are you the parent, legal guardian, child, grandparent, sister, brother, stepparent or stepchild of any member of the tenant family? 🗌 Yes 🗋 No | | | | | | | | | | |
| | | | | | | | | | | |
| Owner Agent Manager | | | | | | | | | | |
| Signature | | | | | | | | | | |
| Print Name Date Telephone Number | | | | | | | | | | |
| Return this form ONLY if you are requesting a rental adjustment. Attach a copy of your notice of rental increase to your tenant. | | | | | | | | | | |
| Please return completed form to the Housing Authority of the Birmingham District Leased Housing & Section 8 office at least 60 days prior to the end of the lease. | | | | | | | | | | |
| Housing Authority of the Birmingham District Use Only | | | | | | | | | | |
| | | | | | First Year of Lease? Yes No | | | | | |
| Timely Notice: Yes No | | | | Lease Expiration Date: | | | | | | |
| Date of Inspection: | | | | | Date Completed: | | | | | |
| Date of hispection. | | | | | Date Completed: | | | | | |

Date of Inspection: Date Returned: