

# HUNTINGTON Housing Authority

1A Lowndes Avenue  
Huntington Station, N.Y. 11746  
(631) 427-6220-Fax (631) 427-6288

## Rent Increase Request Form

**Rent Reasonableness Policy** Per federal regulation 24 CFR 574.320 (a)(3), Huntington Housing Authority (HHA) will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for a Housing Choice Voucher (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 RentReasonableness issued by the US Department of Housing & Urban Development (HUD) is also available at:

[https://www.hud.gov/program\\_offices/public\\_indian\\_housing/publications/notices/2018](https://www.hud.gov/program_offices/public_indian_housing/publications/notices/2018)

- This Rent Increase Request 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 the requested rent is above the applicable payment standard.

**Directions:** Please complete this form and the attached Certification and Acknowledgment form. Any applicable documentation supporting your proposed rent request must be attached with the completed forms. Incomplete requests will be rejected.

### **Rent Request Information**

<b>PART I: LANDLORD/ AGENT INFORMATION</b>	<b>PART II: TENANT INFORMATION</b>
1. OWNER: _____	2. TENANT _____
MANAGING AGENT: _____	ADDRESS _____
ADDRESS _____	_____ APT.# _____
_____	PHONE NO. _____
PHONE NO. _____	
EMAIL ADDRESS: _____	

### **PART II: RENT INCREASE/DECREASE INFORMATION**

- |   |   |
|---|---|
| 3. CURRENT RENT CHARGED TO FAMILY \$ _____  | 4. AMOUNT RENT CHANGE REQUESTED \$ _____              |
| 5. NEW RENT REQUESTED RENT (3 + 4) \$ _____ | 6. EFFECTIVE (Month/ day/ year) _____ / _____ / _____ |

7. REASON FOR INCREASE (please check)  
*NOTE: You must attach all required documents to substantiate your request*

- LEASE RENEWAL: TERM OF LEASE  
FROM: \_\_\_\_\_ TO : \_\_\_\_\_
- OTHER REASON: \_\_\_\_\_

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## **PART III: LANDLORD CERTIFICATION AND ACKNOWLEDGEMENT**

- I, \_\_\_\_\_, LANDLORD/MANAGING AGENT,
- certify that the information that I have provided for HHA's consideration is true and 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 (the only units considered assisted have a government subsidy, everything else is considered unassisted) within my building.
  - certify that the Housing Choice Voucher lease addendum or occupancy agreement executed between the tenant and me as owner / managing agent remains in effect.
  - understand that if this increase is approved and executed it will serve to amend the Housing Assistance Payment (HAP) Contract.
  - understand that if the rent requested is rejected by HHA 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 HHA.

\_\_\_\_\_  
Signature of Owner/ Managing Agent

\_\_\_\_\_  
Date