



Columbiana Metro Housing Authority

CMHA office use:

Date Received _____
Date RR Inspection Scheduled _____
Rent Increase: Approved Denied
Rent Approved Amt. \$ _____

CMHA Housing Choice Voucher Landlord Request for Rent Increase Form

Landlord Name _____
Landlord Email _____
Landlord Telephone # _____
Unit Full Address _____
HCV Tenant Head Household _____
Current Contract Rent \$ _____ monthly
Proposed Rent Increase \$ _____ monthly

Please note the following HUD regulations regarding HCV rent increases. A request for rent increase must comply with all of the following requirements before CMHA can approve the request:

- CMHA must receive rent increase request completed forms 60 days prior to the recertification month to be eligible.
- No rent increases can occur during the first 12-months of a new Housing Assistance Payment (HAP) contract
- Only 1 rent increase request can be processed during any 12-month period **AT ANNUAL RECERTIFICATION TIME.**
- The effective date of the rent proposed increase will occur during the recertification month, only if the request is received 60 days prior to the recertification month and approved by the HCV manager.
- The amount of the rent increase request cannot exceed the rents for comparable unassisted units in the same neighborhood of your HAP contracted unit. Ref: 24 CFR 982.507 (4)
- After the initial lease and Housing Assistance Payment (HAP) contract effective date, CMHA may redetermine the reasonable rent at any other time. At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or redetermined by CMHA. CMHA must determine whether the rent to owner is a reasonable rent in comparison to rent for other comparable unassisted units. To make this determination, CMHA must consider: (1) The location, quality, size, unit type, and age of the contract unit; and (2) Any amenities, housing services, maintenance, and utilities to be provided by the owner in accordance with the lease.
- If the increase is approved, the landlord and tenant will receive a rental change notice via USPS mail, only then will change take effect.

In determining the reasonableness of owner-requested rent increases, CMHA must consider the owner policies for existing assisted and unassisted tenants.

1. Rent increases for HCV tenants over time must be similar to increases charged to unassisted tenants who have lived in their units for approximately the same amount of time; and
2. Reasonable rents for existing HCV tenants must not exceed rents charged for comparable unassisted units in which the tenants have lived for approximately the same amount of time.

By accepting each monthly housing assistance payment from CMHA, the owner certifies that the rent to owner is not more than rent charged by the owner for comparable unassisted units on the premises.

PLEASE COMPLETE PAGE 2 OF THIS REQUEST FORM



The landlord/owner must provide information to CMHA on rents charged for other units on premises. This includes rent charged for both assisted and unassisted units. Please include both Market units and Subsidized units below:

Number of Units at the Complex / Site	
Number of Private Market Units	
Number of Subsidized Units	

Apartment Unit Number/Address	Number of Bedrooms	Current Rent	Lease Date	Private Market OR Subsidized unit	
Indicate if there are any of the subsidy types below at the property:					
<input type="checkbox"/> Section 202	<input type="checkbox"/> Section 221	<input type="checkbox"/> Section 236	<input type="checkbox"/> Section 515	<input type="checkbox"/> HOME	<input type="checkbox"/> LIHTC

I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I certify that the rent requested does not exceed the rent charged for other comparable unassisted units within the premises.

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Property Owner Signature		Date	
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CMHA Landlord Request for Rent Increase completed forms must be signed and sent back to CMHA within 60 days of the recertification date to be considered for a rent increase:

Mail: Columbiana Metropolitan Housing Authority
 Attn: Main Office HCV Department
 325 Moore Street, East Liverpool, OH 43920

Fax: 330.368.3125
Email: HCV@colmha.org