



# Rent Increase Request Form

## Housing Choice Voucher (HCV) Program

### Housing Authority of Fulton County

**H AFC USE ONLY**

Date Received: \_\_\_\_\_

Date Approval/Denial Sent: \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED BY THE DEADLINE GIVEN. ANY INCOMPLETE FORMS MAY BE DELAYED OR REJECTED.**

**Property and Participant Information**

Landlord Name \_\_\_\_\_ Landlord Vendor Number \_\_\_\_\_

Landlord Email Address \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_

Property Name (if applicable) \_\_\_\_\_ Participant Name \_\_\_\_\_

Unit Address \_\_\_\_\_ Participant SSN (Last 4 digits) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sq. Feet \_\_\_\_\_ Year Built \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Total # of Units in Building/Complex \_\_\_\_\_

Type of Residence (select one):  Detached (<5 units : house, townhouse/villa, duplex)  Multi-Family (5+ units : high-rise, low-rise)

**Amenities Provided by Property Owner**

Washer/Dryer  W/D hookups  Dishwasher  Garbage Disposal  Ceiling Fan  Pool

Porch  Balcony  Deck  Lawn Maintenance  Pest Control  Alarm System

Off-Street Parking  Garage Parking - # spaces: \_\_\_\_\_  Carport Parking - # spaces: \_\_\_\_\_

Other \_\_\_\_\_

**Utilities and Appliances**

Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item Type	Specify Fuel Type	Provided by O = Owner T = Tenant	Paid by O = Owner T = Tenant
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric	Other Electric = Lights and Appliances		
Water			
Sewer			
Trash Collection			
Air Conditioning	<input type="checkbox"/> Central A/C <input type="checkbox"/> Window Unit A/C		
Refrigerator			
Range/Microwave			
Other (specify)			

**Rent Increase Request**

**Current Contract Rent** 
**Contract Rent Request**

**H AFC Rent Determination**

Pursuant to Section B, 6 of the HAP contract, the Housing Authority of Fulton County (H AFC), has reviewed your rent increase request to determine if the requested rent is reasonable and that it does not exceed other comparable market rate rents. The following details H AFC's acceptance decision.

- YES** Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date \_\_\_\_\_ of your HAP contract.
- ADJUSTED** Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjustment rent amount is \$ \_\_\_\_\_, effective on the renewal date \_\_\_\_\_ of your HAP contract.
- NO** Your rent increase request has been determined not to be reasonable with other market rate rents at this time. Please resubmit your request 60 days before your next annual HAP contract renewal.
- NO** Your rent increase request was received late and the comparable analysis will not be conducted at this time. Please resubmit your request 60 days before your next annual HAP contract renewal.

H AFC Signature \_\_\_\_\_ Date \_\_\_\_\_