

## RENTAL INCREASE INFORMATIONAL NOTICE FOR SECTION 8 LANDLORDS

The Housing Authority of Fulton County (HAFC) policies regarding Rent Increases are as follows:

- The PHA must make a rent reasonableness determination at initial occupancy and whenever the owner requests a rent adjustment.
- The owner and family first negotiate the rent for a unit. The owner must not change the rent during the initial lease term. After the initial occupancy period, the owner may request a rent adjustment in accordance with the owner's lease.
- Subsequent requests for rent adjustments must be consistent with the lease between the owner and the family.
- Rent increases will not be approved unless any failed items identified by the most recent HQS inspection have been corrected.
- For rent increase requests after initial lease-up, HAFC may request owners to provide information about the rents charged for other units on the premises, if the premises include more than 4 units. In evaluating the proposed rents in comparison to other units on the premises HAFC will consider unit size and length of tenancy in the other units.
- HUD requires the PHA to make a determination of rent reasonableness (even if the owner has not requested a change) if there is a 5 percent decrease in the Fair Market Rent that goes into effect at least 60 days before the contract anniversary date. HUD also may direct the PHA to make a determination at any other time. The PHA may decide that a new determination of rent reasonableness is needed at any time.
- HAFC will determine whether the requested increase is reasonable within **ten (10) business days** of receiving the request from the owner. The owner will be notified of the determination in writing.
- **All rents adjustments will be effective the first of the month following sixty (60) days after HAFC's receipt of the owner's request or on the date specified by the owner, whichever is later.**

To begin the rent increase process, you must provide the following documents:

1. A copy of a sixty (60) – day advance written Notice of Intent to Increase the Rent, served to your tenant which contains the following information:
  - a. The notice addressed to the tenant/head of household
  - b. The complete property address, including apartment number if applicable
  - c. The effective date of increase
  - d. The proposed rent amount
  - e. The signature of the owner or agent
  - f. The current date
2. A completed HAFC Rent Increase Request Form. All submitted forms must be legible. ***Failure to complete the form in its entirety will result in the request being denied.***
3. Signed Rent Increase Acknowledgment Form. This form **must** be attached to the HAFC Rent Increase Request Form.

If approved, if a NEW lease is executed, please submit it to the HAFC and a new HAP contract will be executed. If an Addendum is added to the most recent effective lease, a HAP Contract will be executed.

Please be advised that if a rent increase is approved based on the rent reasonableness determination, the Tenant will be responsible for paying the increase in rent.

**Please submit the required documents to:**  
Housing Authority of Fulton County  
Housing Choice Voucher Program  
Attn: Landlord Liaison  
4273 Wendell Drive SW, Atlanta, Georgia 30336-1632



# Rent Increase Request Form

## Housing Choice Voucher (HCV) Program

### Housing Authority of Fulton County

<b>H AFC USE ONLY</b>	
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

### HAFC Rent Determination

Pursuant to Section B, 6 of the HAP contract, the Housing Authority of Fulton County (HAFC), 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 HAFC'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.  
 **N**      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.  
 **N**      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.

HAFC Signature \_\_\_\_\_ Date \_\_\_\_\_



Housing Authority of Fulton County  
Housing Choice Voucher Program  
Attn: Landlord Liaison  
4273 Wendell Drive SW  
Atlanta, Georgia 30336-1632  
(404) 588-4950 (Office) • (678) 228-1465 (Fax)

## RENT INCREASE REQUEST ACKNOWLEDGEMENT FORM

**\*\*\*Please attach this form to the Rent Increase Request Form\*\*\***

### **Acknowledgement & Signature:**

I have reviewed this form and agree to (1) the proposed rent and (2) that the utility information above correctly describes who is responsible for paying each utility and providing the stove and refrigerator. **I understand this request may result in an increase in my portion of the rent.**

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**Participant Signature**

**Date**

I hereby certify that the information on this form is complete and accurate to the best of my knowledge.

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**Owner Signature**

**Date**