

RENT INCREASE REQUEST FORM

Owner Name:	Vendor ID:
Contract Renewal Date:	
Owner Address:	
Owner City, State, Zip:	
Tenant Name:	_Tenant ID:
Unit Address:	
Unit City, State, Zip:	
request an increase in their contract rent. T	ion, owners participating in the Housing Choice Voucher program may To make a request, this form must be completed and submitted to the least 90 days prior to the tenant reexamination effective date.
rent must be determined reasonable to assure	nit must have a "pass" rating on the most recent HQS inspection, and the e that rent charged for the unit is comparable with other unassisted units ote : If HANO determines that your current contract rent is higher than \underline{e} .
To b	ne Completed by Owner/Agent
Has the responsibility for the utilities been cl	hanged during the past year? Yes No
If yes, when (mm/dd/yy)?/_/	-
Which utility(ies)/fuel type?:	
What is the proposed new rent for the specific	ied unit and tenant? \$
By executing this request, the owner certifie in compliance with the terms and conditions	s that the unit is in decent, safe and sanitary condition and that he/she is of the lease.
Owner/Agent's Name and Signature	Date
Daytime Telephone Number	
	his form and the information is accurate. I am aware of the increase in quest may result in an increase in my portion of the rent.
Tenant's Signature	Date
Daytime Telephone Number	

Return this completed form and the to HANO Housing Choice Voucher Program Office.

4100 Touro Street *New Orleans LA 70122 * (504) 670-3300 * Fax (504) 286-8797 The Housing Authority of New Orleans is an Equal Opportunity Employer

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