



FOR OFFICE USE ONLY	
Housing Program	__HCVP
Specialist	_____
Client No.	_____
Review	_____

RENT ADJUSTMENT REQUEST

Date _____

Dear CMHA:

I am the owner/manager of the rental property located at:

Unit street #: _____ Apt. #: _____
 City State & Zip: _____
 Book, Page, Parcel #: _____
 Tenant's name: _____

I am requesting that the monthly contract rent for this tenant be increased to \$_____, effective with the tenant's upcoming recertification date.

I am aware that in accordance with HUD Regulations, CMHA must update my rent by the latest Rent Reasonableness determination. I understand that this may result in a **decrease** in my current contract amount.

I understand that the contract rent I am requesting in subject to Rent Reasonableness, and I am providing the information below in order to expedite the Rent Reasonableness process. My signature below certifies that the statements made on this form are true and correct. I understand that if the CMHA Housing Inspector is unable to verify the information provided, CMHA must re-assess the proposed rent and may need to request that it be lowered, delaying the processing of contract approval.

Does the proposed rental unit have:	No	Yes
• a landlord-paid alarm/camera surveillance system in proper working condition?	<input type="checkbox"/>	<input type="checkbox"/>
• an upgraded ⁽¹⁾ kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
• central laundry amenities?	<input type="checkbox"/>	<input type="checkbox"/>
• a washer and dryer hookup inside of the unit that is in proper working condition?	<input type="checkbox"/>	<input type="checkbox"/>
• a central air conditioning unit that is controlled by the tenant and in proper working condition?	<input type="checkbox"/>	<input type="checkbox"/>
• a wall air conditioning unit in proper working condition?	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ An upgraded kitchen must have updated cabinets, flooring, counter tops, built-in-microwave.

What is the square footage of the unit? _____ Sq. ft.
 How many full bathrooms? _____
 How many half bathrooms? _____

 Property owner/manager's signature

This form may be e-mailed to hcvhelp@cintimha.com, or faxed to 513-665-2900.

The owner is required to notify CMHA, in writing, at least 60 days, but not more than 90 days prior to the family's annual recertification date of any requested rent increase. Any requested increase in rent will be subject to rent reasonableness requirements. See 24 CFR 982.503. If a family's annual recertification date falls within the initial twelve months of occupancy of a unit, the rent increase will be processed at the end of the 12-month contract as an interim certification.