Saint Joseph County Housing Authority 107 W Center St. PO Box 425 North Liberty, IN 46554 Phone: 574-656-3545 Fax: 574-804-1005

mail@sicha-in.com



## **Landlord Rental Increase Request**

A request for rent increase must comply with all of the following requirements before the Saint Joseph County Housing Agency can approve your request.

- No rent increases can occur during the first 12 months of a new contract.
- Only one request per unit will be processed by this agency during any 12 month period.
- This form must be submitted no less than 60 days **prior** to the contract anniversary date.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your unit. Ref: 24 CFR 982.507(4)

**Note to Landlord**: A rent reasonableness test will be conducted. If the results of this test indicate that your current contract rent should be reduced, SJCHA HCVP is required to reduce the rent accordingly.

- For multi-family apartment building or complex having 3 or more units must submit your current rent schedule.
- If the increase is approved, you will be sent a rental change notice.
- You must notify the tenant of rent increase request.

| Name of Tenant:                               |                     |            |  |  |
|---|---------------------|------------|--|--|
| Address of Unit:                              |                     |            |  |  |
| Current Contract Rent: \$per me               |                     |            |  |  |
| Square Footage of Unit:                       | Number of Bedrooms: |            |  |  |
| Approximate year unit was built:              | Proposed Rent: \$   | per month. |  |  |
| Requested rent increase to be effective date: |                     |            |  |  |
|   |                     |            |  |  |
|   |                     |            |  |  |
| Landlord:                                     |                     |            |  |  |
| Name:   | E-mail:             |            |  |  |
| Signature:                                    | Date:               |            |  |  |
| Talambana                                     | Form                |            |  |  |

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## **General Unit Information**

I am hereby requesting a rent increased based upon the following justification. Please provide requested overall unit characteristics and amenities by checking all items that apply below. Do not list maintenance items cause by regular wear and tear.

| Amenities / Services I   | ncluded in Rent  |                |                  | Amenities     | s / Services Included  | in Rent (con | it.)           |  |
|--|--|----------------|------------------|---------------|--|--------------|----------------|--|
| Cable TV   |  |                |                  |               | Other:   |              |                |  |
| Ceiling Fan(s  | )  |                |                  |               | Other:   |              | <u> </u>       |  |
| Central Air C  |  |                |                  |               | Other:   |              | *              |  |
| Chandelier(s)  |  |                |                  |               | NAME OF THE OWNER OWNER OF THE OWNER OWNE |              | <del></del>    |  |
| Clubhouse  |  |                |                  | Parking       |  |              | Exterior       |  |
| Dishwasher   |  |                |                  | ☐ A           | ssigned  |              | Balcony        |  |
| Fireplace  |  |                |                  |               | ar Garage (# cars:   | )            | Patio          |  |
| Garbage Dist   | osal   |                |                  | 1             | overed / Carport   |              | Deck           |  |
| Gated Comm   |  |                |                  | -             | ated Parking Porch   |              |                |  |
| Laundry Faci   | 73   |                |                  |               | treet N/A  |              |                |  |
| Lawn Mainte  | (50,000)   |                |                  | 1             | Unassigned   |              |                |  |
|  | n addition to stove  | )              |                  |               | I/A  |              |                |  |
| Pest Control   | i dodinon to store   | 9              |                  |               |  |              |                |  |
| Playground   |  |                |                  | Building      | Type   |              | # of Bathrooms |  |
|  | uilt:)   |                |                  |               | ondo   |              |                |  |
| Security Syst  | em/  |                |                  | 1.00          | ouplex / triplex / fou:  | mlex house   |                |  |
| Trash  | cm   |                |                  |               | arden (1 – 4 stories)  |              | ŝ.             |  |
| Washer / Dry   | er Hookuns   |                |                  |               | (igh-rise (9+ stories)   |              |                |  |
| Washer   | ci Hookups   |                |                  | 100           | fid-rise (5 – 8 storie   |              |                |  |
| Dryer  |  |                |                  |               | ingle family / detacl  |              |                |  |
|  | Canditianina   |                |                  |               | ownhouse   | ica nousc    |                |  |
| The state of the s | Window Air Conditioning Townhouse  Yard (Fenced-in / open) |                |                  |               |  |              |                |  |
|  |  | 500            | and Applia       | 2-            |  |              |                |  |
| The HCV Cl   | ient (Tenant) shall  | provide or pay | for the utilitie | s and applia  | icated below by an<br>nces indicated below<br>ppliances provided   | v by a "T".  | The H          |  |
|  |  |                |                  |               | Provided By  | Paid By      |                |  |
| Heating  | □ Natural Gas  | ☐ Bottle Gas   | ☐ Oil/Coal       | ☐ Electric    |  |              | Heating        |  |
| Cooking  | ☐ Natural Gas  | ☐ Bottle Gas   | ☐ Oil/Coal       | ☐ Electric    |  |              | Cooking        |  |
| Water Heating  | ☐ Natural Gas  | ☐ Bottle Gas   | ☐ Oil/Coal       | ☐ Electric    |  |              | Water Heatin   |  |
| Other Electric   |  |                |                  |               |  |              | Other Electric |  |
| Water  |  |                |                  |               |  |              | Water          |  |
| Sewer  |  |                |                  |               |  |              | Sewer          |  |
| Trash Collection   |  |                |                  |               |  |              | Trash Collect  |  |
| Air Conditioning   |  |                |                  |               |  |              | Air Condition  |  |
| Refrigerator   |  |                |                  |               |  |              | Refrigerator   |  |
| Range/Microwave  |  |                |                  |               |  |              | Range/Micro    |  |
| Other:   |  |                |                  |               |  |              | Other:         |  |
| Other:   |  |                |                  |               | 9  |              | Other:         |  |
| 95.0   | To the best of   | my knowled     | ge, the infor    | mation ab     | ove is correct.  |              |                |  |
| 8-   | Owner's Signatu  | ıre            |                  | % <del></del> | Date   |              | <del></del>    |  |

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| Square Footage of Unit:                       | Number of Bedrooms: |            |  |  |
| Approximate year unit was built:              | Proposed Rent: \$   | per month. |  |  |
| Requested rent increase to be effective date: |                     |            |  |  |
|   |                     |            |  |  |
|   |                     |            |  |  |
| Landlord:                                     |                     |            |  |  |
| Name:   | E-mail:             |            |  |  |
| Signature:                                    | Date:               |            |  |  |
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|------------------------|---------------------------------|----------------|---------------|--------------|--|--------------|------------------------|--|
| Cable TV               |                                 |                |               |              | Other:   |              |                        |  |
| Ceiling Fan(s          | )                               |                |               |              | Other:   |              | <u> </u>               |  |
| Central Air C          |                                 |                |               |              | Other:   |              | *                      |  |
| Chandelier(s)          |                                 |                |               | <b>1</b>     | NAME OF THE OWNER OWNER OF THE OWNER OWNE |              | <del></del>            |  |
| Clubhouse              |                                 |                |               | Parking      |  |              | Exterior               |  |
| Dishwasher             |                                 |                |               | □ A          | ssigned  |              | Balcony                |  |
| Fireplace              |                                 |                |               |              | ar Garage (# cars:   | )            | Patio                  |  |
| Garbage Dist           | osal                            |                |               | 1            | overed / Carport   |              | Deck                   |  |
| Gated Comm             |                                 |                |               | -            | ated Parking Porch   |              |                        |  |
| Laundry Faci           | 73                              |                |               |              | treet N/A  |              |                        |  |
| Lawn Mainte            | (500,000)                       |                |               | τ            | Unassigned   |              |                        |  |
|                        | n addition to stove             | -)             |               |              | N/A  |              |                        |  |
| Pest Control           |                                 | 7              |               |              |  |              |                        |  |
| Playground             |                                 |                |               | Building     | Type   |              | # of Bathrooms         |  |
|                        | uilt:)                          | 0              |               |              | ondo   |              |                        |  |
| Security Syst          | em /                            |                |               | 100          | ouplex / triplex / fou:  | mlex house   |                        |  |
| Trash                  | CIII                            |                |               |              | arden (1 – 4 stories)  |              | <u> </u>               |  |
| Washer / Dry           | er Hookuns                      |                |               |              | (igh-rise (9+ stories)   |              |                        |  |
| Washer                 | ci Hookups                      |                |               | 100          | fid-rise (5 – 8 storie   |              |                        |  |
| Dryer                  |                                 |                |               |              |  |              |                        |  |
| Window Air             | Conditioning                    |                |               |              | ownhouse   | ica nouse    |                        |  |
| Yard (Fenced           | Strain Strain and Strain Strain |                |               | _ ·          | OWILLIOUSC   |              |                        |  |
| The O                  | wner shall provide              | or pay for the | and Applia    | pliances ind | icated below by an   | "O".         |                        |  |
|                        |                                 |                |               |              | nces indicated below<br>ppliances provided   |              | The House of Unless of |  |
| 76                     |                                 |                |               |              | Provided By  | Paid By      |                        |  |
| Heating                | □ Natural Gas                   | ☐ Bottle Gas   | ☐ Oil/Coal    | ☐ Electric   |  |              | Heating                |  |
| Cooking                | ☐ Natural Gas                   | ☐ Bottle Gas   | ☐ Oil/Coal    | ☐ Electric   |  |              | Cooking                |  |
| Water Heating          | □ Natural Gas                   | ☐ Bottle Gas   | ☐ Oil/Coal    | ☐ Electric   |  |              | Water Heatin           |  |
| Other Electric         |                                 |                |               |              |  |              | Other Electric         |  |
| Water                  |                                 |                |               |              |  |              | Water                  |  |
| Sewer                  |                                 |                |               |              |  |              | Sewer                  |  |
| Trash Collection       |                                 |                |               |              |  |              | Trash Collect          |  |
| Air Conditioning       |                                 |                |               |              |  |              | Air Condition          |  |
| Refrigerator           |                                 |                |               |              |  |              | Refrigerator           |  |
| Range/Microwave        |                                 |                |               |              |  |              | Range/Micro            |  |
| Other:                 |                                 |                |               |              |  |              | Other:                 |  |
| Other:                 |                                 |                |               |              | 8 9  |              | Other:                 |  |
|                        | To the best of                  | my knowled     | ge, the infor | mation ab    | ove is correct.  |              |                        |  |
| 8-                     | Owner's Signati                 | ıre            |               | 9            | Date   |              |                        |  |