



SECTION 8 HCV RENT INCREASE REQUEST FORM

Rent Increase Policy: This Rent Increase Request form must be submitted at least sixty (60) days prior to the effective date of the rent increase. You may not increase the family's share without prior written approval from Auburn Housing Authority (AHA). The effective date of change in rent (we do not prorate rents) must begin on the 1st of the month.

Rent Reasonableness Policy: Per federal regulation 24 CFR 982.507 AHA will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for a Section 8 HCV assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be more than rents you are currently charging for comparable unassisted units.

Rental Increase Request Information

Part I. Tenant Information

Tenant Name: _____
Unit Address: _____ Auburn, NY 13021

Part II. Owner Information

Owner Name: _____ Telephone No.: _____
Address: _____
Email Address: _____
Property Manager Name & No.: _____

Part III. Property Description and Rent Information

of Bedrooms: _____ # of Bathrooms _____ Year Built _____ Sq. Ft. _____
Effective Date: _____ (1st of the month following 60 days)

Current Rent: _____ **NEW REQUESTED RENT:** _____

Please provide reason for your requested increase: _____

Owner/Agent

Signature

Date

PROVIDE A COPY OF THIS NOTICE TO AHA:

Auburn Housing Authority
7 Merriman Street, Auburn, NY 13021
Fax: (315) 252-0399 · Email: alyssa@auburnha.org

PROVIDE A COPY OF THIS NOTICE DIRECTLY TO YOUR TENANT