



**GREATER METROPOLITAN AREA HOUSING AUTHORITY
OF ROCK ISLAND COUNTY**

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM



RENT INCREASE REQUEST FORM

Utility change only (Landlord changing responsibility for utilities)

LANDLORD/AGENT INFORMATION	TENANT INFORMATION
1. OWNER NAME: _____	2. NAME: _____
MANAGING AGENT: _____	ADDRESS: _____
ADDRESS: _____	APT.# _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
PHONE: () -	PHONE: () -
E-MAIL: _____	E-MAIL: _____

BUILDING INFORMATION

3. SQ. FEET: _____ YEAR BUILT: _____ # OF BEDROOMS: _____ # OF BATHROOMS: _____

OF UNITS IN BUILDING: _____ TYPE OF RESIDENCE: Detached (house/townhouse/duplex)
 Multi-Family (5+units/High-rise/Low-rise)

AMENITIES PROVIDED BY PROPERTY OWNER

4.

<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Central Air	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Washer/Dryer hook-ups	<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Pool	<input type="checkbox"/> Lawn Maintenance
<input type="checkbox"/> Laundry Facility	<input type="checkbox"/> Garage Parking	<input type="checkbox"/> Deck	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Carport Parking	<input type="checkbox"/> Porch	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Off-Street Parking #	<input type="checkbox"/> Balcony	<input type="checkbox"/> Other _____

RENT INCREASE REQUEST

5. CURRENT CONTRACT RENT \$ _____ REQUESTING CONTRACT RENT TO BE \$ _____

6. Owner/Agent Signature _____ Date _____

GMAHA RENT DETERMINATION

Pursuant to Section B, 6 of the HAP contract, the Greater Metropolitan Area Housing Authority of Rock Island County (GMAHA) 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 GMAHA's 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 _____ of your HAP contract.

NO Your rent increase request has been determined not to be reasonable with other market rate rents at this time. You may resubmit another request 60 days before your next annual HAP contract renewal.

OTHER _____

GMAHA Signature _____ Date _____