



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: <input type="checkbox"/> Detached (house/townhouse/duplex)	
	<input type="checkbox"/> Multi-Family (5+units/High-rise/Low-rise)

AMENITIES PROVIDED BY PROPERTY OWNER			
4.	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Central Air	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Pool	<input type="checkbox"/> Lawn Maintenance
<input type="checkbox"/> Washer/Dryer hook-ups	<input type="checkbox"/> Garage Parking	<input type="checkbox"/> Deck	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Laundry Facility	<input type="checkbox"/> Carport Parking	<input type="checkbox"/> Porch	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dishwasher	<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 _____
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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:	
<input type="checkbox"/> YES	Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date _____ of your HAP contract.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> OTHER	_____

GMAHA Signature _____	Date _____
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