Campbell County Department of Housing

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Newport, KY 41072-0424
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REQUEST FOR RENT INCREASE

Tenant Name: _____

Address of assisted unit: _____

Current rent to owner: $_____ Proposed monthly increase in rent to owner: $_____

Rent to owner for similar unassisted units on the premises: $_____

After the initial occupancy period, the owner may request a rent adjustment in accordance with the owner's lease. CCDH may request additional information about the unit for which the increase is being requested and for rents charged for other units on the premises. The owner must notify CCDH of any changes in the amount of rent at least sixty days before any such changes go into effect, and any such changes shall be subject to rent reasonableness requirements (24 CFR 982.309).

CCDH will determine whether the requested increase is reasonable within thirty calendar days of receiving the request from the owner. The owner will be notified of the determination in writing. In the event an increase is approved the owner will be notified by a lease amendment. If a request corresponds with a tenant's recertification date and is denied (or a lesser amount is approved), the lease amendment will serve as notification. If a request is made that does not correspond with a tenant recertification date and is not approved, separate notification regarding the denial will be provided to the owner.

Approved rent increase requests will become effective on the first of the month following sixty days after the PHA's receipt of the owner's request, or on the date specified by the owner, whichever is later.

Please provide an explanation regarding the amount of the proposed rent increase (i.e. property tax increase, insurance cost increase, maintenance and improvements to the unit or property, increase in rates for owner paid utilities, etc.):

_____
_____
_____
_____
_____

Property Owner Name: _____ Owner Signature: _____
Address: _____ Phone #: _____
_____

Please Do Not Write Below Line

Is a rent increase approved for the above referenced subsidized unit? Yes No
Amount of monthly rent increase: $_____
Effective date of increase: _____
Date reviewed by CCDH personnel: _____
CCDH staff member responsible for affirming that this increase has passed the required rent reasonableness test and corresponding comparable unit assessment is attached:

_____ _____
Signature Date