



54 LOCKE STREET CHELSEA, MASSACHUSETTS 02150

PHONE: (617) 409-5310

FAX: (617) 884-6552

MAINT: (617) 884-5775

TDD: (617) 884-0586

The Housing Choice Voucher (Section 8) Program requires a written request (provided below) for a rent increase be submitted by the landlord/management agent. The written request is required to be submitted to CHA at least sixty (60), but no more than ninety (90) days before the anticipated effective date of the increase. It is requested, but not required, that rent increases be submitted prior to the annual anniversary of the Housing Assistance Payment (HAP) contract to reduce the administrative burden.

Important Notice Owner/Management Agent:

- No rent increases can occur during the initial 12 months of a HAP contract
- All increases are based on rent reasonableness (i.e. rents of comparable non-assisted units).
- A unit that is in abatement or has not passed inspection is not eligible for an increase.
- Changes in utilities require a new Request for Tenancy Approval (RFTA), lease, and HAP contract be completed.
- You must notify your tenant of the request for Rent Increase. A copy of the letter must be attached to this form

I/We are requesting an increase in the rent for _____, who resides at:

_____. Effective date: _____. The current rent at the

unit is \$ _____ and the proposed rent is \$ _____.

Structure Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Semi-detached/Row House <input type="checkbox"/> Mobile Home <input type="checkbox"/> 2-3 Family/Duplex <input type="checkbox"/> Elevator/High-rise/Low-rise						
# of Bedrooms		# of Bathrooms		Current Rent	\$	Requested Rent	\$
Amenities		Laundry Type:	<input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Washer/Dryer Connection <input type="checkbox"/> Onsite Laundry				
Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exterior Features: <input type="checkbox"/> Balcony <input type="checkbox"/> Gated Community <input type="checkbox"/> Pool					
Garbage Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance: <input type="checkbox"/> Lawn <input type="checkbox"/> Pest Control <input type="checkbox"/> Trash					
Microwave	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parking: <input type="checkbox"/> Assigned <input type="checkbox"/> Un-Assigned <input type="checkbox"/> Street <input type="checkbox"/> None					
Ceiling Fan	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Utility		Responsible Party	
Electricity		<input type="checkbox"/> Owner	<input type="checkbox"/> Participant
Heating	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner	<input type="checkbox"/> Participant
Water Heating	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner	<input type="checkbox"/> Participant
Cooking	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner	<input type="checkbox"/> Participant
Water/Sewer		<input type="checkbox"/> Owner	<input type="checkbox"/> Participant
Trash Collection		<input type="checkbox"/> Owner	<input type="checkbox"/> Participant
Stove		<input type="checkbox"/> Owner	<input type="checkbox"/> Participant
Refrigerator		<input type="checkbox"/> Owner	<input type="checkbox"/> Participant

I have reviewed this form and agree that the utility information above is correct. I understand this request may result in an increase in my portion of the rent.

Participant Signature		Date	
------------------------------	--	-------------	--

I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Property Owner Signature		Date	
---------------------------------	--	-------------	--