



Housing and Redevelopment Authority

Rent Increase Request - Housing Choice Voucher

Please send directly to the Client/Tenant's Caseworker.

If not known, this request may be sent to: *Olmsted County HRA, Attn: Housing Choice Voucher Team*
2117 Campus Drive SE, Rochester, MN 55904
Fax: (507) 328-7959, Email: olmstedhra@olmstedcounty.gov

Reminder - increases must be fully compliant with Part C, Sections: 4b-4c, 15-d & 16 of the HAP Contract:

- Increases will only be approved when **all** of the following is true:
 - the increase is requested in writing and all required information provided, either by utilizing this form or by another verifiable means;
 - the request is sent to OCHRA **at least 60 days in advance** of the increase date;
 - the requested rent is determined by OCHRA to be "reasonable" in accordance with Part C, Section 6a through 6d;
 - the initial lease term has been completed (rent increases may not occur during the initial lease term);
 - the unit is HQS-compliant (there are no outstanding maintenance issues); and
 - is in compliance with the tenant's lease, in regards to amount, timing, and notification requirements.
- The increase in rent cannot be charged to the tenant without first being approved by OCHRA.
- HAP Contract, Part C, Section 5e: "The tenant is not responsible for paying the portion of rent to owner covered by the PHA housing assistance payment under the HAP contract between the owner and the PHA. **A PHA failure to pay the housing assistance payment to the owner is not a violation of the lease. The owner may not terminate the tenancy for nonpayment of the PHA housing assistance payment.**"

Date Request Submitted: _____

Owner/Landlord Information:

Name of Manager/Representative: _____

Property Name (if applicable): _____

Office Phone #: _____ Fax #: _____

Email: _____

Regarding:

Name of Tenant/Client: _____

Tenant/Client Address: _____

Current Rent: \$ _____ Current Lease End Date: _____

Proposed Rent: \$ _____ Effective Date: _____

Utilities - Have any changes been made regarding the responsibility of the utilities?

No

Yes, Describe:

Comparable Units (Owners with more than 4 units must provide information on the most recently leased/renewed comparable unassisted units at the property):

Building and Unit #	Date Leased/Renewed	Rent Amount on Lease
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Certification:

By signing below, you are certifying that this request to increase rent is compliant with the HAP contract and the tenant's lease.

Signature of Manager/Representative: _____

