



RENT INCREASE REQUEST

Please return this form to initiate your formal request for an annual rent increase.

IMPORTANT NOTE: Upon submission of a rent increase request, a Rent Reasonableness survey will be conducted. If the survey results indicate that an amount less than your current contract rent should be paid, MHA is required to reduce your contract rent accordingly.

A request for a rent increase must comply with all of the following requirements before MHA can approve your request:

- You must first provide confirmation that your tenant will continue to lease your unit for the rent you seek. This is verified by having the tenant sign this form, prior to submitting to MHA.
For your request to be effective at the contract anniversary (lease) date, it must be submitted no less than 60 days prior to the anniversary date.
Rent increases are not allowed during the first 12 months of the lease.
The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your assisted unit.
For a multi-family apartment building or complex, please submit the current rent schedule.

The contract rent is currently set at: \$\_\_\_\_\_ per month

I would like to increase the contract rent to: \$\_\_\_\_\_ per month

Have any additions, improvements, etc. been made since the time of lease up? [ ] Yes [ ] No If yes, please explain:

Important Note to Tenant: Please be advised that your monthly rent portion may increase by some, if not all, of the approved rent increase amount.

Landlord Signature Date

Tenant Signature (REQUIRED) Date
\*By signing, Tenant only acknowledges receipt of rent increase notice.

Print Landlord Name Date

Print Tenant Name Date

Unit Address: Street City State Zip

Please return form to: Section 8 Owner Liaison
Macon Housing Authority
PO Box 4928
Macon GA 31208-4928