



RENT DECREASE/INCREASE REQUEST

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

Incomplete forms will not be accepted or processed.

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) month, it must be submitted no less than 90, but no more than 120 (due to fluctuating markets), days prior to the 1st of the anniversary month.
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/decrease 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 Inspections Liaison
Macon Housing Authority
Email completed forms to: s8inspections@maconhousing.com