

COMMISSIONERS:
MARGARET M. CLAWSON, CHAIRWOMAN
ERMA J. MOWRY, VICE-CHAIR
JERRY ANDREE
NORMAN R. TUCK
CAROLYN R. PAULSEN

Section 8 Housing Choice Voucher Owner/Landlord Rent Increase Request

Prior to any increase in the rent, the BCHA must determine whether the rent increase is reasonable compared to similar unassisted housing units in the area. Other criteria such as tenant income, household composition, and the current published Fair Market Rents will also determine if a request can be approved.

This request for a rent increase MUST BE SUBMITTED to our office at least 60 days prior to the expiration date of the tenants contract. The tenant must also be made aware of your intent to increase the rent.

Name of Owner/Landlord		,	· · · · · · · · · · · · · · · · · · ·
Name of Tenant Unit Address			
Current Rent	Proposed Rent_		_ Date
Dwelling Type □ Single Family Detached □ Duplex □ Townhouse/Garden Apart □ Low Rise: 3, 4 Stories/Mult □ Manufactured Home			
Unit Condition: Excellent	Good	Fair	Remodeled
	Numl Year I		oms
Utilities Paid by Owner: circle all that apply Electric, Gas, Water, Trash, Sewage, Water, Heating, Air Conditioning			
Amenities Provide by Owner: circ Range, Refrigerator, Washer/Drye Disposal, Dishwasher, Fireplace,	er Connections,		