



RENT INCREASE REQUEST FORM

Owners/Managers: This form should be used when requesting a rent increase. When completed it should be emailed to Robert@IslandCountyHA.org. You will be notified if your request is approved, or if additional information is needed to process the request. Requests for rent increases must be received by HAIC at least 60-days prior to the effective date of the increase.

- Rent increases will go into effect on the first day of the month following the 60-day period after the owner/manager notifies HAIC of the rent change, or on the date specified by the owner/manager, whichever is later.
- The Housing Assistance Payment (HAP) contract does not permit a change in rent during the initial lease term.
- A new lease is only required when the lease terms change, for example, if the utility responsibility changes.
- If a new lease is executed, a new Housing Assistance Payment (HAP) contract must also be executed.
- You must include the Month to Month (MtM) fee in the Requested Rent.

Please return the following documents to request an increase in contract rent:

- This completed Rent Increase Request Form
- A Copy of Rent Increase notice to the Tenant

TO BE COMPLETED BY THE OWNER OR AUTHORIZED AGENT – This form must be completed in its entirety.

Tenant Name:	
Unit Address:	City & Zip:
Owner or Authorized Agent Name:	
Owner or Authorized Agent Phone Number:	Owner or Authorized Agent Email Address:

The program regulation requires HAIC to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number (of unassisted comparable units)	Date Rented	Rental Amount
1.		
2.		
3.		

- Is this a HAIC Owned Property?** Yes No
- Is this a Tax Credit Unit?** Yes No
- Have the utility responsibilities changed?** Yes No

If yes, please attach the new signed lease. A new HAP contract will need to be completed.

Current Rent:	Requested Rent: (Including MtM Fee)	Proposed Effective Date:
---------------	--	--------------------------

Owner/Agent Acknowledgement and Signature

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that this is only a request and is subject to HAIC approval. I understand that an increase in rent may result in an increase in the tenant's portion of rent.

Owner/Agent Signature

Date

HOUSING AUTHORITY OF ISLAND COUNTY

7 NW 6th ST COUPEVILLE WA 98239
PHONE: 360.678.4181 FAX:360.678.6969