

### REQUEST FOR RENT INCREASE FORM

As an Owner with units under Housing Assistance Payment (HAP) contract in Cambridge Housing Authority's (CHA) Tenant-Based Housing Choice Voucher (HCV) program, you may request a rent increase once per year. The request must be submitted to CHA at least 60 days prior to the first of the effective month for the requested rent increase.

Upon receipt of this form, CHA will process your request and make a determination on the outcome of your request. In order for CHA to approve this request:

- The Request Form must be completed in entirety;
- The request must be received within the appropriate time frame;
- The requested rent must be reasonable;
- The unit must have passed its most recent HQS inspection; and
- The owner must be in compliance with program requirements.

CHA will notify you in writing regarding the outcome of your request. Please note, if you have changed the utility payment responsibilities or fuel types, CHA will not be able to process your request at this time. You will be contacted by CHA to execute a new HAP contract.

You may return this form via the following methods:

- In Person
- U.S. Mail: Cambridge Housing Authority, 362 Green St. 3<sup>rd</sup> Floor, Cambridge MA, 02139
- Fax: 617-520-6420
- Email: [mgray@cambridge-housing.org](mailto:mgray@cambridge-housing.org)

If you have any questions regarding this process please contact Mackenzie Gray at 617-405-5515.

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#### TO BE COMPLETED BY PROPERTY OWNER OR AGENT

1. Date of Request \_\_\_\_\_
2. Tenant Name \_\_\_\_\_
3. Rental Unit Address \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Owner's Name \_\_\_\_\_
5. Owner Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Owner Phone Number \_\_\_\_\_
7. Owner Email Address: \_\_\_\_\_

Answer all questions on this request form. Owners must sign and date this request and obtain the tenant's signature as well. CHA will not process owner rent increase requests if the Request Form is incomplete.

8. Has the payment responsibility for the utilities changed?  Yes  No
9. Has the fuel type for any utilities changed?  Yes  No
10. What is the **current** rent for the unit? \$ \_\_\_\_\_
11. What is the **requested** rent for the unit? \$ \_\_\_\_\_
12. What is the **requested** effective Date for the rent increase? \_\_\_\_\_

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**OWNER & TENANT CERTIFICATION**

By executing this request, I certify that the unit is in decent, safe and sanitary condition and that I am in compliance with the terms and conditions of the lease and Housing Assistance Payment Contract.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

By executing this request, I certify that the Owner has notified me of the request for a rent increase for my unit. I understand that if this increase results in a rent which is no longer affordable to me, I may request a voucher to move.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date