



P.O. Box 91363 • 3056 Norman Berry Drive
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Attention Landlords:

Although rental increases for your unit(s) may be requested annually there is a process that has to be completed in order for the requested amount to be considered. Annually when rental increases are requested they must be received by the office in writing prior to the tenant's recertification effective date. Please make note that when you receive the notice of annual inspection of your specific unit, (which is usually 60 days prior to the renewal of the lease term) it's time to request for a rental increase. If the request is not received within the 60 days the current rent will remain the same. All rental increases are required to meet a rent reasonable comparison prior to approval.

Note: A unit must pass an annual inspection in order to be eligible for a rental increase. However if a unit fails inspection a rental increase will not be granted until the tenant's next annual re-examination.

Tenant Name: _____

Unit Address: _____

Current Contract Rent: _____

Increase Rent To: _____

Effective Date: _____

Owner/Agent Signature: _____

Date: _____ Phone Number: _____

I _____, am fully aware of the requested amount made by my current landlord, and that should my income change during the contract period, I will be responsible for paying any amount over the HAP to the owner, and by signing this consent form there will be no concessions made to the above agreement.

Tenant Signature: _____ Date: _____

HVC Specialist: _____ Date: _____



Building Facilities Unit Amenities Provided by Owner

☐ Yes ☐ No Playground
☐ Yes ☐ No Covered/Garage Parking
☐ Yes ☐ No Off-Street Parking
☐ Yes ☐ No Storage Outside Unit
☐ Yes ☐ No Pool
☐ Yes ☐ No Security System
☐ Yes ☐ No On Site Management
☐ Yes ☐ No Day Care
☐ Yes ☐ No Laundry Facility
☐ Yes ☐ No Community Room
☐ Yes ☐ No Security Guard
☐ Yes ☐ No Desk Security
☐ Yes ☐ No On Site Maintenance
☐ Yes ☐ No Other (Specify below)
☐ Yes ☐ No Central Air Conditioning
☐ Yes ☐ No Carpeting
☐ Yes ☐ No Garbage disposal
☐ Yes ☐ No Washer
☐ Yes ☐ No Dryer
☐ Yes ☐ No Washer/Dryer Connections
☐ Yes ☐ No Other (Specify below)

Is this unit accessible to tenant mobility impairments? ☐ Yes ☐ No
Are common areas accessible to a tenant with mobility impairments? ☐ Yes ☐ No
Does a tenant with mobility impairments currently occupy this unit? ☐ Yes ☐ No

Comments:

Check the description which best applies to this property:

☐ Newly constructed or completely renovated
☐ Well maintained and/or partially renovated
☐ Adequate, but some repairs may be needed soon.
☐ Some minor maintenance may be needed.
☐ No major renovation since construction

The information provided on this form will be used to calculate the HA and the tenant shares of the rent and to make any needed amendments to the HAP Contract.

Unit size and Rent

No. of Bedroom _____

No. of Bathrooms _____

Security Deposit _____

Current Rent _____

Requested Rent _____

Rental Increase Request Form (Subsidized Unit)

(Please make sure all sections are filled out completely and legibly.)

Unit Address:

Tenant Name: _____

Address: _____

Apartment Number _____ Complex Name (If applicable): _____

City: _____ State: _____ Zip Code: _____

Owner/ Manger Information (Please Print) _____

Owner Management Company On-Site Contract:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Alternate Phone: _____

Fax Number: _____

Building Type:

_____ High-rise (2-3 Story)

Does the building have an elevator _____ Yes _____ No

_____ Garden/Walk-up Apartment

_____ Row House Townhouse/ Duplex 2 family

_____ Single Family Detached

Age:

Year Built _____

Year Last Major Rehab Completed _____