



Housing Authority of the City of Hartford
180 John D. Wardlaw Way, Hartford, CT 06106
860-723-8400 Fax # 860-723-8554
TDD 711 or 1-800-842-9710

RENT INCREASE REQUEST FORM

Submit this completed form to the appropriate caseworker based on the tenants last name by mail, onsite drop box, e-mail, or fax.

180 John D. Wardlaw Way
HCV Fax: (860) 723-8554

Rent Increase Policy: This Rent Increase Request form must be submitted at least sixty (60) days prior to the effective date of the rent increase. You may not increase the family's share without prior written approval from Housing Authority of the City of Hartford (HACH).

Rent Reasonableness Policy: Per federal regulation 24 CFR 982.507 HACH will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for a Section 8 assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Family notification: The family must sign the form as a receipt of the notice. You may not increase the family's share without prior written approval from HACH

Participant Name

Street Address

Apt#

Complex Name, if applicable

City

State

Zip Code

Property Description and Rent Information:

Current Rent: _____ Requested Rent: _____

Effective Date: _____ (1st of the month following 60 days)

Participant Signature _____

Date: _____

Utility Information (check appropriate boxes):

Does the information below indicate a change in the utility responsibilities? [] Yes [] No

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify	Paid by Tenant or Owner
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Other Electric	[REDACTED]	
Water/Sewer		
Trash		
Refrigerator		
Range		

OWNER PROVIDED AMENITIES

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Cable/internet ready | <input type="checkbox"/> Carpeting |
| <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Central A/C Unit | <input type="checkbox"/> Ceramic Tile Floors | <input type="checkbox"/> Clubhouse |
| <input type="checkbox"/> Covered and/or Off-street
Parking | <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Elevator |
| | <input type="checkbox"/> Energy Efficient Cert Unit | <input type="checkbox"/> Fenced | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Modern Appliances | <input type="checkbox"/> Playground/Courts | <input type="checkbox"/> Pool | <input type="checkbox"/> Range |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Security System | <input type="checkbox"/> Storage | <input type="checkbox"/> Washer/Dryer Hookups |
| <input type="checkbox"/> Window/Wall A/C Unit | <input type="checkbox"/> Working Fireplace | <input type="checkbox"/> Yard Sprinkler System | |

UNIT CONDITION

Excellent Good Fair Poor

UNIT SIZE

Large Medium Small

Owners of properties with 4 of more units – You must supply the following information for most recently leased comparable unsubsidized units within the premises. Program regulations require the PHA to certify that the rent charged to the voucher holder is not more than the rent charged for unassisted units.

Address and Unit Number	No. of Bedrooms	Date Rented	Rental Amount

Date _____

Owner or Company Name _____

Owner/Vendor# Main Phone # _____

Email Address _____

Owner/Agent Signature _____

Agent Name (if applicable) _____

Phone # _____