

# Arlington Housing Authority Rent Adjustment/Utility Change Request

Instructions: Completely fill out this form and submit to the Arlington Housing Authority (AHA) **no more than 90 days and no less than 60 days prior to the effective date of the rent adjustment.** Only one request per year per tenant will be processed. The contract rent adjustment request must be signed by the tenant in order for the request to be processed. **Incomplete forms will not be processed.** Owners/landlords must be registered as Active on AssistanceCheck.

**\*IMPORTANT NOTE\***: Rent Reasonableness analysis are conducted by the AHA for all requests. If results of this rent comparability analysis indicate that current rent reasonableness is less than the current contract for this unit, the AHA will be required to take action to **reduce** the contract rent to the amount that is comparable. This is mandated by the Code of Federal Regulations (CFR) 982.504(4) which states: "At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA."

I \_\_\_\_\_, request a rent adjustment for my rental unit located at  
Print Name Owner/Landlord

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

The name of tenant occupying the above rental unit is \_\_\_\_\_  
Tenant Name

Current Contract Rent \_\_\_\_\_ Requested Contract Rent \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

Is the responsibility for owner or tenant payment of the utilities changing?  
 Yes  No

If yes, what utilities will the tenant become responsible for (check all that apply)?

Electric  Gas  Water  Sewer  Trash

Provide type of fuel used for each appliance.

Stove  Electric  Gas  Propane

Heater  Electric  Gas  Propane

Water Heat  Electric  Gas  Propane

### **General Unit Information**

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Unit Square Footage \_\_\_\_\_ Year Built \_\_\_\_\_

### **Building Type**

Single Family  Duplex/Triplex  Multi-Family

Condo/Townhome  Mobile Home

**Building Type (cont.)**

**Amenities included in Contract Rent:**

<input type="checkbox"/> 2 Window Units	<input type="checkbox"/> Large yard	<input type="checkbox"/> Playground
<input type="checkbox"/> Central A/C	<input type="checkbox"/> Laundry facilities	<input type="checkbox"/> Pool/Hot tub
<input type="checkbox"/> Cable TV	<input type="checkbox"/> Laundry hook-ups	<input type="checkbox"/> Private Patio
<input type="checkbox"/> Ceiling Fan(s)	<input type="checkbox"/> Owner provide washer/dryer	<input type="checkbox"/> Range vent-a-hood
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Microwave/double oven	<input type="checkbox"/> Recreation equipment
<input type="checkbox"/> Drapes/Mini blinds	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Screens - door(s)
<input type="checkbox"/> Exercise Room	<input type="checkbox"/> Range	<input type="checkbox"/> Screens - windows
<input type="checkbox"/> Extensive rehab	<input type="checkbox"/> On-site Management	<input type="checkbox"/> Security
<input type="checkbox"/> Fence	<input type="checkbox"/> On-site parking	<input type="checkbox"/> Security system
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Ongoing exterior maintenance	<input type="checkbox"/> Storage
<input type="checkbox"/> Garage/Covered Parking	<input type="checkbox"/> Ongoing interior maintenance	<input type="checkbox"/> Storm door(s)
<input type="checkbox"/> Garbage disposal	<input type="checkbox"/> Party/Recreation room	<input type="checkbox"/> Storm windows

**Statement of understanding**

This is to certify that the Property Owner has informed the Tenant of the amount of the proposed rent adjustment or utility responsibility. Property Owner and Tenant agree to the requested contract rent amount. I/We agree to the requested contract rent amount. I/We have read and understand the policy as it is written above. I/We understand that this is only a request and is subject to AHA approval. **I/We understand that the increased contract rent amount may increase the tenant's portion of contract rent and not the AHA's housing assistance payment (subsidy) to the owner/landlord.**

\_\_\_\_\_  
Owner/Landlord Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Submit completed form to the Arlington Housing Authority via the following options:

[assistancecheck.com](http://assistancecheck.com) or email [landlordrequest@arlingtonhousing.us](mailto:landlordrequest@arlingtonhousing.us)

<b><i>Arlington Housing Authority Office Use Only</i></b>	
_____ Approved Contract Rent Amount	_____ Staff Signature
_____ Tenant ID	_____ Date