

**Rent Increase/Decrease Request Form**

**Rent Reasonableness Policy** Per federal regulation 24 CFR 574.320 (a)(3), HPD 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. Additional guidance on Rent Reasonableness issued by the US Department of Housing & Urban Development (HUD) is also available at: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/publications/notices/2018](https://www.hud.gov/program_offices/public_indian_housing/publications/notices/2018)

*Please Note:*

- This Rent Increase Request form must be submitted at least sixty (60) days prior to the effective date of the rent increase. Late requests may result in a loss of subsidy payment.
- The Participant’s share of the rent does not change unless an updated Rent Breakdown Letter has been issued by HPD.

**Directions:** Please complete this form and the attached Rent Comparable Form. The Rent Comparable Form on page 2 must be completed with the Section 8 unit information even if you are not supplying HPD with information on comparable unassisted units. Any applicable documentation supporting your proposed rent request must be attached with the completed forms. Incomplete requests will be rejected.

**Please return your request via mail or in person to:**  
 HPD Division of Tenant Resources  
 ATTN: Rent Approval Unit  
 100 Gold Street, Room 1-0 New York, NY 10038

**Questions regarding this form, call the Rent Approval Unit at (917)-286-4300**

**Rent Request Information**

PART I: LANDLORD/ AGENT INFORMATION	PART II: TENANT INFORMATION
1. OWNER _____ MANAGING AGENT _____	2. TENANT _____ SSN _____
ADDRESS _____ _____	ADDRESS _____ _____ APT.# _____
PHONE NO. _____ EMAIL _____ ADDRESS: _____	PHONE NO. _____

**PART II: RENT INCREASE/DECREASE INFORMATION**

3. CURRENT RENT CHARGED TO FAMILY \$ _____	4. AMOUNT RENT CHANGE REQUESTED \$ _____
5. NEW RENT REQUESTED RENT (3 + 4) \$ _____	6. EFFECTIVE (Month/ day/ year) _____ / _____ / _____

7. TYPE OF UNIT (please check all that apply)

<input type="checkbox"/> Rent Stabilized	<input type="checkbox"/> J-51	<input type="checkbox"/> HOME
<input type="checkbox"/> Project Based Voucher (PBV)	<input type="checkbox"/> 421-a	<input type="checkbox"/> LIHTC
<input type="checkbox"/> Co-op	<input type="checkbox"/> LAMP	<input type="checkbox"/> Section 236
<input type="checkbox"/> Mitchell Lama	<input type="checkbox"/> MIRP	<input type="checkbox"/> Other: _____

8. REASON FOR INCREASE (please check)

*NOTE: You must attach all required documents to substantiate your request.*

<input type="checkbox"/> LEASE RENEWAL: TERM OF LEASE from _____ to _____	<input type="checkbox"/> APPLIANCE/ INDIVIDUAL APARTMENT IMPROVEMENT	<input type="checkbox"/> HPD RENT RESTRUCTURING
<input type="checkbox"/> MAJOR CAPTIAL IMPROVEMENT (MCI)	<input type="checkbox"/> FUEL COST PASS THRU	<input type="checkbox"/> SECTION 236 RENT ORDER
<input type="checkbox"/> MAXIMUM COLLECTIBLE RENT (MCR)	<input type="checkbox"/> MAINTENANCE INCREASE (CO-OP ONLY)	<input type="checkbox"/> MITCHELL LAMA RENT ORDER
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> ARTICLE 8A ADJUSTMENT

**PART III: Rent Reasonableness: Unit & Comparable Unit Information (continued, Page 2)**

**PART III: Rent Reasonableness: Unit & Comparable Unit Information**

**DIRECTIONS:** Please enter the requested information for the proposed unit below. If you would like to submit additional information on three unassisted comparable units that support your requested rent, please complete the optional columns. HPD will only consider information on units within the immediate neighborhood and rental market.

Unit Information	REQUIRED Assisted Unit		Unit #1 (optional)		Unit #2 (optional)		Unit #3 (optional)		
Unit Address/ Apt. # (specific address required)									
Square feet									
No. of bedrooms									
No. of bathrooms									
Unit Condition	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Unit Quality	<input type="checkbox"/> Basic	<input type="checkbox"/> High End	<input type="checkbox"/> Basic	<input type="checkbox"/> High End	<input type="checkbox"/> Basic	<input type="checkbox"/> High End	<input type="checkbox"/> Basic	<input type="checkbox"/> High End	<input type="checkbox"/> High End
Utilities	Fuel Type	Paid by(O,T)	Fuel Type	Paid by(O,T)	Fuel Type	Paid by(O,T)	Fuel Type	Paid by(O,T)	
Heating									
Cooking									
Water Heating									
Electricity									
Amenities									
Accessibility	<input type="checkbox"/> Ramp	<input type="checkbox"/> Elevator	<input type="checkbox"/> Door Opening Button	<input type="checkbox"/> Ramp	<input type="checkbox"/> Elevator	<input type="checkbox"/> Door Opening Button	<input type="checkbox"/> Ramp	<input type="checkbox"/> Elevator	<input type="checkbox"/> Door Opening Button
Monthly rent	\$		\$		\$		\$		

**PART IV: LANDLORD CERTIFICATION AND ACKNOWLEDGEMENT**

- I, \_\_\_\_\_, LANDLORD/MANAGING AGENT,
- certify that the information that I have provided for HPD’s consideration is true and correct to the best of my knowledge.
  - understand that I may not charge rent for a Section 8 assisted unit that is in excess of rents currently being charged for comparable unassisted units (the only units considered assisted have a government subsidy, everything else is considered unassisted) within my building.
  - certify that the Housing Choice Voucher lease addendum or occupancy agreement executed between the tenant and me as owner / managing agent remains in effect.
  - understand that if this increase is approved and executed it will serve to amend the Housing Assistance Payment (HAP) Contract.
  - understand that if the rent requested is rejected by HPD I must amend the lease to reflect the reasonable rent.
  - understand that I may not charge the tenant for a rent amount not approved by HPD.

Signature of Owner/ Managing Agent

Date

