



# Rent Increase Request Form

Submit the completed form via email to [mhampton@blha.net](mailto:mhampton@blha.net) or fax to 812.339.7177.

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

Current Rent Amount: \$\_\_\_\_\_ Requested Rent Amount: \$\_\_\_\_\_

Owner/Landlord Name: \_\_\_\_\_

Preparer's Name and Title (if different from above): \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the information below indicate a change in the utility responsibilities? YES NO

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

Item	Fuel Type			Paid By
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	
Electric				
Water/Sewer				
Trash				

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Address of dwelling unit: \_\_\_\_\_

Date Constructed: \_\_\_\_\_ Square footage of unit: \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

Accessible unit: Yes No

Unit Type (Circle only one): Single Family Detached Apartment/Townhouse Duplex Manufactured Home

Unit has been painted, cleaned and received turnover maintenance within the past 30 days: Yes No

Unit is within 5 miles of public transportation and/or medical facilities: Yes No If yes how many miles? \_\_\_\_\_

Unit has the following amenities, facilities and services: (Circle all that apply)

- Drapes/Blinds      Ceiling Fans      Dishwasher      Garbage Disposal      Microwave      Refrigerator
- Central Air      Window Air      On-Site Laundry Facility      Wi-Fi/High-Speed Internet      Patio/Balcony      Stove-hood
- Washer/Dryer Hook-up      Washer/Dryer      Finished Basement      Unfinished Basement      Playground
- Storage Shed      Deck/Porch      Fitness Center      Pool      Garage      On-site Parking      Large Yard/Common Area
- On-Site Maintenance      Owner-Provided Snow Removal      Owner-Provided Lawn Care

Unit has had the following upgrades within the past five years: (Circle all that apply)

- Floor Covering      Windows      Exterior Doors      Siding      Roof      Insulation
- Furnace      Water Heater      Countertops

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By signing below, I acknowledge that any rent increase or utility change request must be submitted to BHA **at least 90 days prior to the contract renewal date** in order for it to go into effect at the upcoming renewal. Further, I certify that the information provided on this form is complete and accurate to the best of my knowledge and that the rent requested is not greater than the rent for any other unassisted unit in the building. I understand that the request may result in an increase in the tenant's portion of the rent and that the tenant may exercise their right to move. By submitting this rent increase request, I understand that BHA must thoroughly evaluate my request including comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the subject unit. This could result in one of three outcomes: (1) a denial of the request to change the rent amount (2) a decrease in the current rent amount or (3) an approval of my request to increase the rent amount. I also understand that the rent for this unit may be reduced or redetermined at any time if the BHA finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_