

Rent Increase Request Form

Submit the completed form via email to <u>mhampton@blha.net</u> 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 differ	rent from above):	
Company Address:		
Phone:	Email Address:	
Proposed Rent Increase Effective	Date:	
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 " \mathbf{O} ". The tenant shall provide or pay for the utilities indicated below by a " \mathbf{T} ". Unless otherwise specified below, the owner shall pay for all utilities provided by the owner.

Item	Fuel Type			Paid By
Heating	□ Natural Gas	Electric	Propane	
Cooking	□ Natural Gas	Electric	Propane	
Water Heating	🗆 Natural Gas	□ Electric	Propane	
Electric				
Water/Sewer				
Trash				

Continued on next page



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Address of dwelling unit: _					
Date Constructed:	Square footage of u	nit:	Number of bathrooms		
Accessible unit: Yes No					
Unit Type (Circle only one):	Single Family Detached	Apartment/Townho	use Duplex	Manufactured Home	
Unit has been painted, clea	ned and received turnover	maintenance witl	nin the past 30 d	l ays: Yes No	
Unit is within 5 miles of pu	blic transportation and/or	medical facilities:	Yes No If yes	s how many miles?	
Unit has the following ame	nities, facilities and service	es: (Circle all that ap	ply)		
Drapes/Blinds Ceiling F	ans Dishwasher	Garbage Disposal	Microwave	Refrigerator	
Central Air Window Air	On-Site Laundry Facility	Wi-Fi/High-Spee	d Internet Pa	tio/Balcony Stove-hood	
Washer/Dryer Hook-up	Washer/Dryer Finished	l Basement Un	finished Basement	Playground	
Storage Shed Deck/Porch	Fitness Center Pool	Garage On	-site Parking L	arge Yard/Common Area	
On-Site Maintenance Own	ner-Provided Snow Removal	Owner-Provided	Lawn Care		
Unit has had the following	upgrades within the past f	ive years: (Circle a	ll that apply)		
Floor Covering Windo		Siding		Insulation	
Furnace Water Heater	Countertops				

By signing below, I acknowledge that any rent increase or utility change request must be submitted to BHA <u>at least 60 days prior to the</u> <u>rent increase effective date</u> and will be made effective on the later of: the first of the month following a 60-day notice, or the proposed rent increase effective date. 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, marketrate 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: _____