Rent Increase Request Form	Effective Date:
Ment increase Meduest i Onii	Elicotive Date.

ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO ANNIVERSARY. ANY INCOMPLETE FORMS MAY BE DELAYED OR REJECTED.

Property and Participant Information				
Landlord Name	Landlord Name Landlord Phone Number			
Landlord Email Add				
Property Name (if ap	applicable) Participant SSN (Last 4)			
Unit Address	Lease End Date:			
City	State Zip Year Built: # of Bedrooms			
Sq. Feet	Year Built: #. Of Bedrooms # of Bathrooms			
Building/Complex Ty	rpe of Residence (select one): Detached (townhouse/villa, duplex) Multi-Family (5+	units: high-rise, low-rise)		
Single Family De	ached Mobile/Manufactured Home			
	Amenities Provided by Property Owner			
Washer/Dryer	W/D hookups On-site Laundry Garbage Disposal Ceiling Fa	an Pool		
Cable/Wifi	Balcony Dishwasher Lawn Maintenance Pest Cont	trol Gated Co	mmunity	
Off-Street Parking	•			
Other:				
Utilities and Appliances Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.				
Item Type	Specify Fuel Type	Provided by	Paid by	
7,1		,	O = Owner	
			T = Tenant	
Heating	Natural gas Electric Bottle gas Oil Heat Pump			
Cooking	Natural gas Electric Bottle gas			
Water Heating	Natural gas Electric Bottle gas Oil			
Other Electric				
Water				
Sewer				
Air Conditioning	☐ Central A/C ☐ Window Unit A/C			
Refrigerator Range/Microwave				
Other (specify)				
	ility Responsibility? Yes No			
Change in O	Ility Responsibility? Yes No Rent Increase Request			
	Reit iliciease Request			
Current Contract R	ent Contract Rent Reques	t		
Participant Signate	ire D	Date		
Owner Signature	CITY OF TUCSON HCD Rent Determination - City of Tucson Section 8 Sta	off Only		
Pursuant to Section B	6 of the HAP contract, the Housing Authority of the City of Tucson Housing and Community Developm		HCD) has	
reviewed your rent incr	ease request to determine if the requested rent is reasonable and that it does not exceed other comparat			
details CITY OF TUCS	ON HCD's acceptance decision.			
VEC	Version 1.5 constant 1.5 consta			
YES Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date ————————————————————————————————————				
	or your rate contact.			
ADJUSTED	Your rent increase request has been determined not to be reasonable with other market rate rents at	this time, but has been ad	iusted to	
7.5000.25	a rate that is reasonable. The adjustment rent amount is \$ ————, effective on the renewal da		of	
	your HAP contract.			
NO	NO Your rent increase request has been determined not to be reasonable with other market rate rents at this time. Please resubmit your request 120 days before your next annual HAP contract renewal.			
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NO	Your rent increase request was received late and the comparable analysis will not be conducted at the	is time. Please resubmit v	our	
	renewal 120 days before your next annual HAP contract renewal.			
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HCD Signature		Date		