



1201 SE GATEWAY DRIVE, GRIMES, IA 50111 (515) 986-1882 (515) 986-1883 FAX



## Rent Increase Request Form

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

New Rent Amount\* \_\_\_\_\_ Effective Date\*\* \_\_\_\_\_

Reason for increase:

\_\_\_\_\_

### Owner's Certification:

The program regulation requires CIRHA to certify that the rent charged to a Housing Choice Voucher tenant is not more than the rent charged for other unassisted comparable units. Please complete the following section for the most recently leased comparable unassisted units within the premises or elsewhere\*\*\*:

	Address and unit number	Date rented	Rental Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Comments: \_\_\_\_\_

Print name of Owner/Owner Representative \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

*\*Month to month fees must not be included. Increases are limited to no more than one per year.*

*\*\*Rent increase requests require 60 day written notice to the CIRHA and will be based on the receipt date of the original request. Rent increases will only be processed effective the first of the month.*

*\*\*\*If you have not yet established this rent on unassisted units, this request may not be approved. If there is a reason why you have recently leased a comparable unit at a lesser rate than the proposed rate for this unit, please include detailed explanation in the comment section above. For example, the unassisted unit has a smaller floor plan or the assisted unit has more amenities (please specify).*