



**RENT INCREASE REQUEST FORM**  
**ATTN: LANDLORDS/MANAGEMENT AGENTS**

The Housing Choice Voucher (Section 8) Program requires that a written request (provided below) for a rent increase be submitted by the landlord/management agent. This written request must be submitted to TGHA at least sixty (60), but no more than ninety (90) days before the anniversary date of the Housing Assistance Payment contract.

**Important Notice Owner/Management Agent:**

- There are no automatic annual rent increases.
- All increases are based on rent reasonableness (i.e. rents of comparable non-assisted units).
- No rent increases can occur during the first 12 months of a new contract.
- A unit that has been in abatement within the previous 12-months is not eligible for an increase.

Thank you for your cooperation and for your continued participation in the Housing Choice Voucher Program.

I/We are requesting an increase in the rent for \_\_\_\_\_, who resides at: \_\_\_\_\_  
\_\_\_\_\_. The lease anniversary month is: \_\_\_\_\_.

The current rent at the unit is \$ \_\_\_\_\_ and the proposed rent is \$ \_\_\_\_\_. The requested increase is warranted because of: \_\_\_\_\_  
\_\_\_\_\_.

For the purposes of the rent study please check the amenities included with the unit from the following list:

<b>Dishwasher:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Exterior Features:</b>	<input type="checkbox"/> Porch	<input type="checkbox"/> Balcony	<input type="checkbox"/> Deck/Patio
<b>Garbage Disposal:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Community Pool:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Laundry Type:</b>	<input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Washer/Dryer Connection <input type="checkbox"/> Onsite Laundry					
<b>Security System (does not have to be activated):</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Gated Community</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Age Restricted:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Yard:</b>	<input type="checkbox"/> Pool	<input type="checkbox"/> Fenced	
<b>Microwave:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Parking:</b>	<input type="checkbox"/> 1-Carport	<input type="checkbox"/> 2-Carport	<input type="checkbox"/> 1-Car Garage
<b>Ceiling Fan(s):</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> 2-Car Garage	<input type="checkbox"/> 3-Car	<input type="checkbox"/> Street
<b>Fireplace:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Assigned	<input type="checkbox"/> Un-Assigned	<input type="checkbox"/> Open
<b>Cable Included:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> 1 Space	<input type="checkbox"/> 2 Spaces	<input type="checkbox"/> 3 Spaces

Owner/Management Agent Signature \_\_\_\_\_ Date \_\_\_\_\_ Federal Tax ID or Social Security # for the unit \_\_\_\_\_

E-mail \_\_\_\_\_ Phone number \_\_\_\_\_

All forms should be returned to TGHA at the address noted above, via fax at (864)467-2613, or via email to [landlord@tgha.net](mailto:landlord@tgha.net).

**FOR TGHA USE ONLY**

Date processed: \_\_\_\_\_ Decision:  Approved  Denied TGHA Rep. \_\_\_\_\_