

REQUEST FOR RENTAL INCREASE HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

Please Note:

- The Rent Increase Request Form must be submitted at least sixty (60) days prior to the effective.
- ALL fields MUST be completed, and ALL parties MUST sign this request form for the request to be considered.

PART 1: Rent Request Information

LANDLORD/AGENT INFORMATION	TENANT INFORMATION
1. OWNER _____ ADDRESS _____ PHONE: _____ EMAIL: _____	2. TENANT _____ ADDRESS _____ PHONE NO. _____ EMAIL: _____

LEASE RENEWAL DATE/EFFECTIVE DATE:

PLEASE CHECK ONE: ☐ INCREASE ☐ DECREASE

PART 2: RENT INCREASE INFORMATION

Has the responsibility for any of the utilities changed for the renewal period? Yes: _____ No: _____

UTILITY RESPONSIBILITY		
<input type="checkbox"/> HEATING	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> HOT WATER	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> COOKING	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> REFRIGERATOR		<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> STOVE		<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> WATER	<input type="checkbox"/> CITY <input type="checkbox"/> WELL	<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> SEWER	<input type="checkbox"/> PUBLIC <input type="checkbox"/> SEPTIC TANK	<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> COOLING SYSTEM	<input type="checkbox"/> CENTRAL <input type="checkbox"/> SWAMP COOLER	<input type="checkbox"/> WINDOW UNIT <input type="checkbox"/> OTHER: _____
<input type="checkbox"/> HEATING SYSTEM	<input type="checkbox"/> CENTRAL <input type="checkbox"/> HEAT PUMP	<input type="checkbox"/> OTHER: _____

What is the current rent charged? _____ What is the proposed rent amount? _____ # of BR _____
Property Type: _____ # of BA _____ # of ½ BA _____

Sq. ft: _____ Year built: _____

Amenities:

Please check all That Apply:

<input type="checkbox"/> Cable	<input type="checkbox"/> Microwave
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Back Porch
<input type="checkbox"/> Ceiling Fan(s)	<input type="checkbox"/> Balcony
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Fenced Backyard
<input type="checkbox"/> Garage	<input type="checkbox"/> Patio
<input type="checkbox"/> Carport	<input type="checkbox"/> Washer/Dryer
<input type="checkbox"/> W/D Connections	<input type="checkbox"/> Onsite Laundry
<input type="checkbox"/> Gated community	<input type="checkbox"/> Pool
<input type="checkbox"/> Trash	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Lawn Care	

Owner Signature

Date

Tenant Signature

Date

Columbia Housing Use Only

Voucher size: _____

Approved: _____ Denied: _____ Approved Amount: \$ _____ Effective Date: _____

Reason for Denial: _____

CHA Representative: _____ Date: _____

Revised 11/2024



Any individual with a disability or other medical need who requires an accommodation should contact Columbia Housing at 803-256-9377.