Revere Housing Authority Section 8

82 Cooledge Street, Revere Massachusetts 02151

Phone 781- 896-1689 Email: hcvcustomerservice@revereha.com Fax:781-739-3011

REQUEST FOR RENT INCREASE - POLICY

As an Owner with units under Housing Assistance Payment (HAP) contract with Revere Housing Authority's Housing Choice Voucher (HCV) program, you may request a rent increase once within any 12-month period following the completion of the initial lease term. The request must be submitted to Revere Housing at least 60 days, before the proposed effective date of the rent increase.

Upon receipt of the attached form, Revere Housing Authority will process your request and decide whether the rent increase can be applied. The following must be done prior to the review of the request:

- The Request Form must be completed in its entirety
- The request must be received within the appropriate time frame
- The requested rent must be determined reasonable in accordance with the Housing Choice Voucher Program policy
- The unit must be compliant with HQS and the Massachusetts State Sanitary Code

Revere Housing Authority will notify you in writing regarding the acceptance or denial of the rent increase request. If during Revere Housing's review of the proposed rent increase it is determined that the rent increase will result in an increase to the tenant's portion of the rent, RHA will have to obtain additional confirmation from the tenant that the increase is affordable to them before it goes into effect.

Please note, if you have changed the utility payment responsibilities or fuel types, RHA will process your request at this time. In this case, you will be contacted by RHA to execute a new HAP contract.

You may return the attached Rent Increase Form by:

Email hcvcustomerservice@revereha.com

P:781-896-1689 Fax: 781-739-3011

If you have any questions regarding this process please contact:

Revere Housing Authority

Section 8

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Rent Increase Request Form TO BE COMPLETED BY PROPERTY OWNER OR AGENT

1.	Date of Request					_					
2.	Tenant Name					_					
3.	Rental Unit Address						_		Unit #		
	City		State			Zip Co	de_		_		
	Owner's Name										
5	Owner Mailing Address										
٥.	Owner Mailing AddressCity	Sta			tate_	_	Zip Co	de_			
6.	Owner Phone Number										
7.	Owner Email Address					_					
8.	What is the current rent for the unit?	\$_									
9.	What is the requested rent for the un	it?	\$								
10.	Has the payment responsibility for the	e uti	ilities cha	nged	d? 🗌	Ye	s 🗌 No				
11.	Has the fuel type for any utilities chan	ige	d? 🗌 Y	es	☐ No)					
12.	Please complete the table below by ir	ndic	ating the	fuel	type a	ınd	payment res	spons	sibility for ea	ch (utility.
	Utility Type Fuel Type							P	ayment Res	no.	neihility
	Heat		Gas	$\overline{}$)il		Electric	Ī	Owner	<u> </u>	Tenant
	Cooking		Gas	c)il		Electric		Owner		Tenant
	Hot Water		Gas [c)il [Electric		Owner		Tenant
	Electricity				Electric				Owner		Tenant
	Refrigerator	Electric							Owner		Tenant
the pro atte	executing this request, I certify that the terms and conditions of the lease and cessing of this request Revere Housin empt to obtain additional confirmation frease goes into effect.	e ur Ho g A	nit is in de busing As outhority o	ecent sista deteri	i, safe, nce Pa mines	ar ayr it v	nent Contrac	t. I u e tena	nderstand th ant's rent sh	at i are	f during the , RHA will
Owner/Agent Signature							Date				
uno	executing this request, I certify that the lerstand that if this increase results in a cess. If the proposed rent increase is a lified, and Metro Housing will attempt to	a re	ent which ermined t	is no o imp	longe bact yo	er a	affordable to portion of the	me, I e mo	may begin the nthly rent, ye	the ou v	relocation will be
Tenant Signature								,			