

RENT INCREASE FORM
Section 8 Tenant-Based Assistance

**U.S. Department of Housing
and Urban Development**
Office of Housing and Indian Housing

OMB Approval N. 2577-0169 (exp. 8/31/98)

Public reporting burden for the collection of information is estimated to average 0.08 hours per response, including the time to reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of its collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 or to the Office of Management and Budget Paperwork Reduction Project (2577-0169), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

Program Type (mark one) <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Voucher	2. Address of Unit (street number, city, & zipcode)
1. Name of Housing Agency (HA) <i>Housing Authority of the City of Milwaukee (HACM)</i> <i>Rent Assistance Program 5011 W Lisbon Av Milwaukee, WI 53210</i>	

3. Requested Beginning Date of Lease (mo/day/yr) 	4. No. of Bedrooms 	5. Year of Construction 	6. Proposed Rent 	7. Security Deposit
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8. Type of House / Apartment

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Semi-Detached / Row House	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Garden / Walk-up	<input type="checkbox"/> Elevator / High – Rise
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9. Utilities and Appliance. Insert **O** if furnished by **Owner** or **T** if furnished by **Tenant**

Item	O / T	Coal	Oil	Natural Gas	Electric	Bottle Gas	Other
Heating (Specify Type)							
Water Heating (Specify Type)							
Cooking (Specify Type)							
Other Electric							
Water							
Sewer							
Trash Collection							
Range							
Refrigerator							
Other (Specify)							

Rent Increase forms are due no less than 90 days prior to the Lease End Date
Form must be signed by landlord/agent and tenant to be valid!
Return completed form to:
Section8leasing@hacm.org

10. **Owner's Certification.** By executing this request, the owner certifies that

a. The most recent rent charged for the above unit was \$ _____ Per month. This rent included the following utilities:

The reason for the difference between the prior rent and the proposed rent in Block 6 is:

b. I will advise the HA and family of any lead-based paint on the surfaces of the unit of which I have knowledge prior to or during initial housing quality standards (HQS) inspection of the unit.

11. HA Determinations.
- a. The HA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.
 - b. The owner's lease must include word-for-word all provisions of the HUD lease addendum.
 - c. The HA will arrange for inspection of the unit and will notify the owner and family as to whether or not the lease and unit will be approved.

Print of type name of Owner or Other Party Authorized to Execute Lease	Print or Type Name of Family #		
Signature	Signature (s)		
Telephone Number	Date	Telephone Number	Date
Business Address	Present Address of Family (street Address, apt no., city, state & zip code)		

OWNER IDENTIFICATION AND CERTIFICATION FORM

Owner Identification: _____

Agent Name and/or (c/o): _____

Email Address: _____

Telephone: _____

Owner Certification:

I, _____, charge the same rents and security deposits for assisted and Unassisted comparable units in the same building, located at _____
 Except for any differences explained as follows:

Please check the box if this is a Tax Credit Unit: **Please check the appropriate box** 30% 40% 50% 60%

For all tax credit properties, please attach rent roll for all comparable, market rate units in development.

Amenities Included in Rent

	YES	NO		YES	NO
Garage			Central Air		
Off street parking			Air Conditioner (window)		
Unit Washer/dryer			Dishwasher		
Garbage Disposal			Number of bathrooms _____		
Ceiling fans			Others (Specify) _____		
microwave					

Information Provided by: Owner Tenant

Lease Information:

Late Fee \$ _____ Charged, if rent is paid after the 5th of the month.

Owner: Are you related to the tenant? YES NO **If YES, provide relationship:** _____

THE PHA IS NOT RESPONSIBLE FOR ANY PART OF THE RENT PRIOR TO THE EXECUTION OF THE HOUSING ASSISTANCE PAYMENTS (HAP) CONTRACT / HOUSING VOUCHER CONTRACT.