



REQUEST FOR RENTAL CHANGE

Effective July 1, 2024, only one rental increase will be processed every 12 months. All requests must still be found reasonable through HABC's Rent Reasonable Comparability process.

Participating landlords in the Housing Choice Voucher (HCV) program may request a rental change **after the initial year lease term**. To be approved, this form must be completed in its entirety with both the landlord and participant's signature. This form must be submitted to HABC **at least 60 days before any such changes go into effect**. Please note that **all changes in responsibility to pay utilities or provide appliances will result in a new lease and Housing Assistance Payment Contract**.

HABC will determine if the requested rent is reasonable by comparing your rent to those of equivalent units in the private market. If HABC determines your proposed rent is not reasonable, HABC must deny your request. **If the rent comparability study results in an amount lower than your current rent, HABC must decrease the rent amount in accordance with HUD regulations.**

Complete this form and Give to your Resident to turn in with the Recertification paperwork which was mailed out.

TO BE COMPLETED BY THE OWNER/LANDLORD

1. Participant Name: _____ Phone: _____
Current Address: _____ Apt. No.: _____
City: _____ State: _____ Zip Code: _____
2. Landlord/Payee Name: _____
3. Landlord/Payee Phone Number: _____
4. Landlord/Payee Email: _____
5. Has there been a change in responsibility to pay utilities and/or provide appliances? ☐ No ☐ Yes
If yes, a new Request for Tenancy Approval form must be submitted with the updated utility or appliance information. Please note that if there is a change, a new HAP Contract must be executed, and a new lease provided to HABC. You can go to -habctx.org, under -Landlord Resources download the Request for Tendency approval forms and submit
If no, skip to question 6.
6. What is the current rent for the unit? \$ _____ per month
7. What is the requested new rent for the unit? \$ _____ per month

Owners Certification: The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **OWNERS OF PROJECTS WITH MORE THAN 4 UNITS MUST COMPLETE THE BELOW SECTION**

Address and unit number	Date Rented	Rental Amount
1		
2		
3		

Please note that if the above change(s) result in a rental increase, your rent portion may increase.

By executing this request, I certify that the unit is in decent, safe and sanitary condition and the participant is following the terms and conditions of the lease agreement. **I understand that if the results of the comparable rent study indicate a lower rent amount, the rent must be decreased. Please note this request will be denied if the participant does not sign.**

Landlord/ Owner Signature _____ date _____ Participant Signature _____ date _____

FOR HABC USE ONLY

☐ RENT INCREASED

☐ RENT DECREASED

☐ RENT DENIED

Processed by: _____ Approved Contract Rent: \$ _____ per month

Notes: _____