



Rent Adjustment Request Form

Tenant's Name: _____
 Address of subsidized unit: _____ Apt # _____
 City, State & Zip: _____ Current Lease Effective End Date: _____

I am requesting the monthly rent of the unit above to be adjusted from \$ _____ to \$ _____.
 By submitting this rent adjustment request form for the above family:

- I agree any requested rent adjustments are subject to rent reasonableness requirements per 24 CFR 982.503. If the rent assessment is **lower** than what the rent is currently, CMHA **MUST** adjust the rent to the lower amount. Rent adjustments **cannot** be backdated and will be effective the first of the month following 30 days' notice to the family, of the change, if an increase is approved. CMHA will accept request no more than 60 days in advance of the last effective date of the previous determination. Owners cannot appeal a rent reasonable determination but CMHA will correct any errors made on a determination.
- I agree that a rent adjustment request can be submitted once every a year after the initial lease term. Any requests received prior to 60 days of the last effective adjustment date the initial lease term will be rejected. CMHA will not "store" any request that is received outside of these time frames. The request will need to be resubmitted.
- I understand that if an approved rent adjustment increases the tenant's portion of rent, CMHA is required to provide the tenant a 30 day notice before the increase can be implemented.
- I am the owner/property manager of the above listed property.
- I understand that all requests should be submitted on this form to hcvhelp@cintimha.com.

of Bedrooms: ____ # of Full Bathrooms: ____ # of Half Baths: ____ Square Footage: _____

Do you provide onsite maintenance? Y or N Do you provide any special services? Y or N

Owner Provided Property Amenities: (Check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Range | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Cable/Internet Ready | <input type="checkbox"/> Playgrounds/Courts |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Security System | <input type="checkbox"/> Yard Sprinkler System |
| <input type="checkbox"/> Covered Parking/Off Street Parking | <input type="checkbox"/> Modern Appliances | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Window Air | <input type="checkbox"/> Energy Efficient Certified Unit | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Washer/Dryer Hookups | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Ceramic Tile Floor |
| <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Others: List Below |
| <input type="checkbox"/> Working Fireplace | <input type="checkbox"/> Business/Fitness Center | |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Deck/Balcony/Patio/Porch | |

My signature certifies that the statements made on this form are true and correct. I understand that if CMHA discovers a discrepancy at any time to the information I have provided, CMHA may reassess the contract rent based on the correct information.

Property Owner/Manager Signature _____ Phone# _____ Date _____

This completed form should be submitted to hcvhelp@cintimha.com

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.