

RENTAL ADJUSTMENT PROCEDURE

After the anniversary date of the first year of the lease and Housing Assistance Payment (HAP) contract, owners may request an adjustment in the contract rent.

The rental adjustment will only be applied to those tenants who have surpassed the one-year mark of their tenancy. We require a 60-day advance notice in writing to both the tenant and Houston Housing Authority in order to approve the rental adjustment. If proper notice to the client or the Houston Housing Authority is not provided, the rental adjustment cannot be effective on the date requested. Once we receive the proper notice, we will inform you of the new effective date.

Owners and Managers are **required** to submit **two (2)** documents in order for the Houston Housing Authority to process a rent adjustment, **1) the Houston Housing Authority 'Landlord Rent Adjustment Request Form'** which is available in our front lobby, **2) Tenants acknowledgement of Rent Adjustment Request Form**. This is to be submitted to: Houston Housing Authority, indicate on the outside of the envelope – 'Rent Adjustment Request', or you may drop it off at the Houston Housing Authority's reception desk and receive a receipt.

Each unit will be processed individually for a rental adjustment. If an owner/manager has more than one unit and wants a rental adjustment on several units at the same time, the Rental Adjustment Procedure will be followed for each individual unit. The owner/manager will need to submit both the Houston Housing Authority 'Landlord Rent Adjustment Request Form' and a copy of the written rent increase notice for each client. Group rent adjustments are **not** allowed.

The rental adjustment request will then go through the Rent Reasonableness Process. Once rents have been approved and deemed reasonable by our market analyst, we will process the rental adjustment request.

OWNER INFORMATION				CLIENT INFORMATION			
Owner's Name:				Client's Name:			
Address:				Address:			
City:	State:	Zip:		City:	State:	Zip:	
Telephone Number:				Telephone number:			
Request Rent:		Vendor Number:		Current Rent:		Client Number:	
1. Building Type:							
<input type="checkbox"/> Single Family Detached		<input type="checkbox"/> Manufactured Home (Mobile)		Number of Bedrooms: _____		Number of Bathrooms: _____	
<input type="checkbox"/> Duplex (two combined one story units)		<input type="checkbox"/> Townhouse		Square Footage: _____		Year Built: _____	
<input type="checkbox"/> Garden/Walk-up Apartments							
<input type="checkbox"/> Congregate/SRO							
2. Amenities/Utilities: Please circle each amenity where applicable.				PLEASE DO NOT MARK IN SHADED AREA The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for utilities and appliances indicated below by a "T".			
Carpets	Yes	No		Utility	Specify Fuel Type	Provided by	Paid by
Fireplace	Yes	No					
Air Conditioning	Central	Window		Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil		
Disposal	Yes	No			<input type="checkbox"/> Electric		
Dishwasher	Yes	No		Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric		
Microwave (if provided by owner)	Yes	No			<input type="checkbox"/> Electric		
Ceiling Fan(s)	Yes	No		Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil		
Handicap Accessibility	Yes	No			<input type="checkbox"/> Electric		
Garage	One Car	Two Car		Other Electric			
Security Door/Windows	Yes	No					
Playground	Yes	No		Water			
Pool	Yes	No					
Carport	Yes	No		Sewer			
Laundry Facilities/ W & D Hook ups	Yes	No					
Washer/Dryer (if provided by owner)	Yes	No		Trash Collection			
Enclosed Balcony/Patio/Storage Room	Yes	No					
Gated complex/Community	Yes	No		Air Conditioning			
Pest Control (if serviced by owner)	Yes	No					
Assigned parking, # of spaces	Yes	No		Refrigerator			
Lawn Care (if serviced by owner)	Yes	No					
Heating Source	Central	Wall	Space	Range / Microwave			
Other:							
3. Unassisted Units:							
If complex has three or more units of same bedroom/bath size, provide three comparable data below on <u>unassisted units</u> that are in the same complex for units currently leased within one year of this request.							
Are all units assisted <input type="checkbox"/> Yes <input type="checkbox"/> No				Individually Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comparable #1		Rent Amount	Date Rented				
		\$					
Address of Unit (Include Apt #)						# of Bedroom(s)/Bath(s)	
Comparable #2		Rent Amount	Date Rented				
		\$					
Address of Unit (Include Apt #)						# of Bedroom(s)/Bath(s)	
Comparable #3		Rent Amount	Date Rented				
		\$					
Address of Unit (Include Apt #)						# of Bedroom(s)/Bath(s)	
As the Owner, I am aware that:							
I am not permitted to live in the unit while I am receiving housing assistance payments.							
Are you the parent, legal guardian, child, grandparent, sister, brother, stepparent or stepchild of any member of the tenant family? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Signature _____				<input type="checkbox"/> Owner	<input type="checkbox"/> Agent	<input type="checkbox"/> Manager	
Print Name		Date		Telephone Number			

Return this form ONLY if you are requesting a rental adjustment. Attach a copy of your notice of rental adjustment to your tenant. Please return completed form to the Houston Housing Authority at least 60 days prior to the expiration date of the lease agreement.



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TENANT’S ACKNOWLEDGEMENT OF RENTAL ADJUSTMENT REQUEST

This form is to establish that owner and tenant, by mutual written agreement, have agreed to a request for rental adjustment.

To Tenant: Please review this notice carefully prior to signing the Tenant's Acknowledgement of Rent Adjustment Request below. Your signature indicates that you have been notified of the proposed rental adjustment.

To Owner: On or after the anniversary of the first year or term of the lease and HAP contract, owners may request a rent adjustment. All adjustment requests submitted to the Agency must be requested in writing and include a Tenant's Acknowledgement of Rent Adjustment Request that is signed by the owner **and** the tenant. ***Rent adjustments, if determined reasonable by the Authority, are effective the first day of the first month commencing on or after the contract anniversary date or 60 days from the first of the month following receipt of the owner request, whichever is later.*** In order for the tenant to remain in the unit, the new rent must meet rent reasonableness. If it does not, the Agency will advise the owner of the rental amount that has been deemed reasonable by market rent analysis or allow the owner to submit alternative comparable leases in an effort to negotiate the increased amount. If the owner cannot prove a higher market rent and will not accept a rent amount counter-offered by the Agency, the tenant will be issued a voucher to move to a program acceptable unit.

Please indicate the following:

Address of Unit	_____ City _____ State _____ ZIP _____
Current Lease <i>Beginning</i> Date	____/____/____
Current Lease <i>Expiration</i> Date	____/____/____
Is this Lease a Month-to-Month lease?	Yes _____ No _____
Current Rent	\$ _____
Newly Proposed Rent	\$ _____
Proposed Effective Date	____/____/____

Confirmation of Tenant:

I confirm that I have read this notice and have been informed regarding the increase in rent specified in this notice.

Tenant’s Name (print)

Tenant’s Signature

Date

Phone #

Affirmation of Owner:

I affirm the truth of all statements made in this notice. I have also provided a copy of this form to the tenant for their records.

Owner’s Name (print)

Owner’s Signature

Date

Phone #

Email Address