



525 SOUTH LAWRENCE STREET  
MONTGOMERY, ALABAMA 36104-4611  
PHONE: (334)-206-7200 – FAX: (334)-206-7222 – WEBSITE: MHA.TODAY.ORG

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### **Rental Increase Request Information**

A request for rental increase must comply with **all** of the following requirements before the Montgomery Housing Authority (MHA) can approve the request.

A request for a rental increase must comply with all of the following requirements before the MHA can approve the request:

- (1) You must provide confirmation that your tenant will sign an amended lease agreement for the requested rent. This is verified by having the tenant sign this form prior to submission to MHA.
- (2) To have your request made effective at recertification date, it must be submitted no less than sixty (60) days **prior** to the anniversary date.
- (3) No rental increase can be submitted during the first twelve (12) months of a new contract.
- (4) The amount requested cannot exceed the rents for comparable unassisted units in the same neighborhood of the assisted unit.
- (5) For multi-family apartment building or complex three (3) or more units, please submit your current rent schedule.

A Rent Reasonableness test is conducted for all rental increase request submitted. If the results of this test indicate that an amount less than your current contract rent should be paid, the Montgomery Housing Authority (MHA) is required to reduce your contract rent accordingly. This is mandated by the 24 Code of Federal Regulations (CFR) 982.507(4), which states: *“at all times during the assisted tenancy the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA.”*

In addition, please note the procedures for processing a Rental Increase Request:

- (1) Only one (1) request per unit will be processed by MHA during any twelve (12) month period.
- (2) Submit a new lease addendum accepting the approved annual rent increase.

#### **IMPORTANT NOTICE:**

Tenant portion may increase by some or the entire approved rental increase amount.



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## Rent Increase Request Form

ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO ANNIVERSARY. ANY INCOMPLETE FORMS MAY BE DELAYED OR REJECTED.

### Property and Participant Information

Landlord Name \_\_\_\_\_ Landlord Vendor Number \_\_\_\_\_  
 Landlord Email Address \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_  
 Property Name (if applicable) \_\_\_\_\_ Participant Name \_\_\_\_\_  
 Unit Address \_\_\_\_\_ Participant SSN \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Sq. Feet \_\_\_\_\_ Year Built \_\_\_\_\_ #. Of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Total # of Units in Building/Complex \_\_\_\_\_  
 Type of Residence (select one):  Detached (<5 units: house, townhouse/villa, duplex)  Multi-Family (5+ units: high-rise, low-rise)

### Amenities Provided by Property Owner

Washer/Dryer     W/D hookups     Dishwasher     Garbage Disposal     Ceiling Fan     Pool  
 Porch     Balcony     Deck     Lawn Maintenance     Pest Control     Alarm System  
 Off-Street Parking     Garage Parking - # spaces: \_\_\_\_\_     Carport Parking - # spaces: \_\_\_\_\_  
 Other: \_\_\_\_\_

### Utilities and Appliances

Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item Type	Specify Fuel Type	Provided by	Paid by O = Owner T = Tenant
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Heat Pump	<del>_____</del>	<del>_____</del>
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle gas	<del>_____</del>	<del>_____</del>
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil	<del>_____</del>	<del>_____</del>
Other Electric		<del>_____</del>	<del>_____</del>
Water		<del>_____</del>	<del>_____</del>
Sewer		<del>_____</del>	<del>_____</del>
Air Conditioning	<input type="checkbox"/> Central A/C <input type="checkbox"/> Window Unit A/C	<del>_____</del>	<del>_____</del>
Refrigerator		<del>_____</del>	<del>_____</del>
Range/Microwave		<del>_____</del>	<del>_____</del>
Other (specify)		<del>_____</del>	<del>_____</del>

### Rent Increase Request

Current Contract Rent                       Contract Rent Request

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### MHA Rent Determination

Pursuant to Section B. 6 of the HAP contract, the Housing Authority of the City of Montgomery, Alabama (MHA) has reviewed your rent increase request to determine if the requested rent is reasonable and that it does not exceed other comparable market rate rents. The following details MHA's acceptance decision.

- YES**                      Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date \_\_\_\_\_ of your HAP contract.
- ADJUSTED**                      Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjustment rent amount is \$ \_\_\_\_\_, effective on the renewal date \_\_\_\_\_ of your HAP contract.
- NO**                      Your rent increase request has been determined not to be reasonable with other market rate rents at this time. Please resubmit your request 120 days before your next annual HAP contract renewal.
- NO**                      Your rent increase request was received late and the comparable analysis will not be conducted at this time. Please resubmit your renewal 120 days before your next annual HAP contract renewal.

MHA Signature \_\_\_\_\_ Date \_\_\_\_\_

Hearing impaired assistance is available in Alabama by dialing 711  
 Crime and Fraud hotline – Call: 334-206-7711