



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

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 HAP Contract 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.
- (3) All rent adjustments will be effective the first of the month following 60 days after the MHA's receipt of the owner's request or on the date specified by the owner, whichever is later.

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 HAP CONTRACT 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 _____	Year Built _____
Sq. Feet _____ #. Of Bedrooms _____	# of Bathrooms _____ Total # of Units in Building/Complex _____
Type of Residence (select one): <input type="checkbox"/> Detached (<5 units: house, townhouse/villa, duplex) <input type="checkbox"/> Multi-Family (5+ units: high-rise, low-rise)	

Amenities Provided by Property Owner

Washer/Dryer _____	W/D hookups _____	<input type="checkbox"/> Dishwasher _____	<input type="checkbox"/> Garbage Disposal _____	<input type="checkbox"/> Ceiling Fan _____	<input type="checkbox"/> Pool _____
Porch _____	Balcony _____	<input type="checkbox"/> Deck _____	<input type="checkbox"/> Lawn Maintenance _____	<input type="checkbox"/> Pest Control _____	<input type="checkbox"/> Alarm System _____
Off-Street Parking _____	Garage Parking - # spaces: _____	<input type="checkbox"/> 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	Natural gas _____ Electric _____ Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Heat Pump _____	_____	_____
Cooking	Natural gas _____ Electric _____ Bottle gas _____	_____	_____
Water Heating	Natural gas _____ Electric _____ Bottle gas <input type="checkbox"/> Oil _____	_____	_____
Other Electric	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Air Conditioning	Central A/C _____ Window Unit A/C _____	_____	_____
Refrigerator	_____	_____	_____
Range	_____	_____	_____
Other (specify)	_____	_____	_____

Rent Increase Request

Current Contract Rent <input style="width: 150px; height: 20px;" type="text"/>	Contract Rent Request <input style="width: 150px; height: 20px;" type="text"/>
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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 at least 60 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 at least 60 days before your next annual HAP contract renewal.

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