

Rent Increase Procedure

- A. The owner is responsible for notifying the Greensboro Housing Authority a minimum of ninety (90) calendar days prior to any proposed rent increase allotting GHA 60 days to ensure affordability for the tenant and rent reasonableness of unit in order to decide whether the request will be approved or denied.
- All request forms must be filled out completely including full address of both tenant and owner
 - Full address includes a unit number/letter, street name, city, state and zip code.
 - Incomplete forms will not be processed.
 - All forms must be signed by **both tenant and owner**.
- B. Requests for increase of contract rent not to exceed \$50 per month.
This limit has been temporarily suspended due to current market conditions.
- C. C. Tenant portion for gross rent cannot exceed 40% of the household's adjusted monthly income as a result of approval of the owner's request for rent increase.
- D. The Housing Authority will not approve an initial rent or a rent increase in any of the tenant-based programs without determining that the rent amount is reasonable. The rent for an assisted unit cannot exceed the rent for a comparable unassisted unit within a five-mile radius. The initial rent and all rent increases must comply with any State or local rent control limits.
- Reasonableness is determined prior to the initial lease and before any increase in rent to owner is approved.
 - The new family share will be effective with 30 calendar days' notice of any rent increase to the family.
- E. The cost of routine maintenance is not an eligible reason for increase.
- F. Eligible reasons for increase include but are not limited to major renovations/improvements completed (not planned/anticipated), significant increases in taxes and/or insurance as well as market changes/cost of living adjustments.
- G. Owner cannot request increase more frequently than once every 12 months.

****Remember timing is key.** There is a minimum of 60 days processing time. 60 days represents 2 full calendar months. For example, if your request is received 8/6/18 the effective date will not predate 11/1/18 because 60 days from 8/6/18 is 10/5/18 (processing time) and the change would be effective the first day of the following month, hence 11/1/18.

Rental Increase Request Form Housing Choice Voucher (HCV) Program

Owner Information
Owner/Manager Name: _____ Owner/Manager Address _____
Owner/Manager Phone #: (____) ____ - _____ Fax: (____) ____ - _____
Email Address: _____

Tenant /Unit Information
Re: Tenant's Name: _____
Unit Address: _____ City: _____ State: _____ Zip: _____
____ No. of Bedrooms ____ No. of Baths ____ Square Footage ____ Year Constructed ____ Den/Bonus room
Type of Residence (select one): Single Family Dwelling <input type="checkbox"/> Semi-Detached/Row House <input type="checkbox"/> Garden/Walk-up <input type="checkbox"/> High Rise <input type="checkbox"/>

Amenities Provided by Property Owner
Heat _____ Water _____ Sewer _____ Garbage _____
Dishwasher _____ Refrigerator _____ Stove _____ Air Conditioning _____ W/D Hook-up _____ Ceiling Fan _____ Window Unit _____
Porch _____ Balcony _____ Deck _____ Lawn Maintenance _____ Pest Control _____ Off- Street Parking _____ Garage Parking _____

Rental Increase Request
_____ \$ _____ \$ _____
Lease Expiration Date Current Rent Proposed Rent

The reasons for requesting increase: Check and describe below. <i>During the past year.</i>
____ Property Taxes increased approximately \$ _____
____ Insurance Costs increased approximately \$ _____
____ The following Maintenance Items and/or Improvements were made:
____ Rates for the following Utilities, which are included in the Rent, has increased:
____ Other increased costs: _____

Owner's/Manager Signature: _____ Date: _____
Client's Signature: _____ Date: _____

For Office Use Only	
Rental Increase Approved	Partial Approval
Rental Increase Denied	\$
Signature _____	
Date _____	

To: Greensboro Housing Authority: Voucher Administration Division
 1300-B Ogden Street, Greensboro, NC 27406
 Attn: Sheree Hardy
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