

Greensboro Housing Authority
Voucher Administration Division
1300 Ogden St, Ste B
Greensboro, NC 27406
Office: (336) 271-2546 Fax: (336)271-5905

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 make a determination of approval or denial.
- 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
- C. The amount the family pays for gross rent cannot exceed 30% of their adjusted monthly income as a result of the owner's 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. Increased cost of maintenance is not an eligible reason for increase.
- F. Eligible reasons for increase include major renovations/improvements completed (not planned) and significant increases in taxes and/or insurance.
- G. Owner cannot request increase more frequently than once every 12 months.

****Remember timing is key. There is a 60 day processing time for GHA to send notice of approval or denial. Processing time of 90 days represents 3 full calendar months. For example, if your request is received 8/6/18 the notification date will be no later than 10/5/18 and a full 30 day notice of the change would be required resulting in an effective date of 12/1/18.**



Greensboro Housing
1300-B Ogden Street
Greensboro, North Carolina 27406
Telephone 336-271-3368
Hearing Imp

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
Phone: 336-271-3368 Fax: 336-271-5905
shardv@gha-nc.org