



Greensboro Housing
1300-B Ogden Street
Greensboro, North Carolina 27406
Telephone 336-271-.3368
Fax 336-271-5905

Date _____

Dear Owner/Manager

Enclosed is a "Request for Rent Change" form. Upon receipt of the completed form, we will process the request. This form **must** have the client's signature indicating they have been informed of your request for a rent increase.

All requests for rent increases must be submitted a minimum of **60 days** prior to the effective date of the requested increase.

Sincerely,

Sheree Hardy

Sheree Hardy
Eligibility Manager

Enclosure



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

Date: _____

Owner/Manager Name: _____

Owner/Manager Address: _____

Owner/Manager Phone #: (____) ____-____ Fax: (____) ____-____

Email Address: _____

To: Greensboro Housing Authority: Assisted Housing Division
1300-B Ogden Street, Greensboro, NC 27406
Attn: Sheree Hardy
Phone: 336-271-3368 Fax: 336-271-5905
shardy@gha-nc.org

Request for Rent Change

Re: Tenant's Name: _____

Unit Address: _____

_____	\$ _____	\$ _____
Lease Expiration Date	Current Rent	Proposed Rent

The reasons for requesting increase: Check and describe below. *During the past year,*
____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:

____Heat ____Water ____Sewer ____Garbage

____Other Increased costs are:

____Bedroom size _____Square Footage _____Year Constructed

Owner's/Manager Signature: _____ Date: _____

Client's Signature: _____ Date: _____