

REQUEST FOR RENT CHANGE

DATE: _____

TO: Housing Authority of the City of Lumberton
HCV Department
PO Drawer 709
Lumberton, NC 28359

TENANT NAME: _____

PROPERTY ADDRESS: _____

Requests for rental increases may not exceed 3.5% of the current contract rent

You are hereby notified that the requested rent for the leaser term for the above-named unit is from \$ _____ to \$ _____, effective _____.

Reason(s) for the requested change are described below: (Please elaborate)

During the past year:

- ☐ Property Taxes increased approximately \$ _____
- ☐ Insurance costs increased approximately \$ _____
- ☐ The following maintenance items and/or improvements were made:

- ☐ The rates for the following utilities, which are included in the rent, have increased:

☐ Heat ☐ Water ☐ Sewer ☐ Garbage

- ☐ Other increased costs: _____

PLEASE NOTE:

Requests for rental increase must be signed by the participating family. Without the participant's signature, the form will be considered incomplete and will be automatically denied by the Housing Authority of the City of Lumberton (HACL). Requests for rental increases must be received at least 60 days prior to the expected date of execution and may not exceed 3.5% of the current contract rent. All tenants affected by the requested increase must be notified, in writing, of the proposed increase. The following information must be submitted with this form so that your request can be considered:

1. A completed rent comparable form
2. Approval of Rental Increase form completed and signed by the tenant.

Signed: _____
Owner/Representative Date

I _____ understand that should the HACL approve the proposed rent increase, my share of the rental obligation may increase.

Signed: _____
Housing Choice Voucher Participant Date

AMENITIES

Please check all the amenities that apply for the unit.

- | | |
|--|---|
| <input type="checkbox"/> Washer/Dryer Hook-ups | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> Washer and Dryer Included | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Eat-In Kitchen | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> On-site Laundry Facility | <input type="checkbox"/> Cable Ready |
| <input type="checkbox"/> Security System | <input type="checkbox"/> Square Footage |
| <input type="checkbox"/> Date Unit Built | |
-

Please check all outside amenities that apply for the unit

- | | |
|---|---|
| <input type="checkbox"/> 1 car garage | <input type="checkbox"/> 2 car garage |
| <input type="checkbox"/> Drive way | <input type="checkbox"/> On street parking |
| <input type="checkbox"/> Porch | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Balcony | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Lawn Care Included |
| <input type="checkbox"/> Trash Pick Up Included | <input type="checkbox"/> Pest Control |
-

Please indicate below how the home is heated and cooled.

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bottle Gas | <input type="checkbox"/> Central Air |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Window Unit |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Natural Gas |
-

Please rate the quality of your unit:

- | | |
|-------------------------------|--|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Average |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Above Average |
-

Please provide any additional information regarding any unit amenities that should be considered that are not listed on this form.
