



ST. CLAIR COUNTY HOUSING AUTHORITY
Rent Increase Request Form

Submit this completed form by E-mail to:

rentincreaserequest@sccha.org

Rent Increase Request Timing Requirements: This Rent Increase Request form must be submitted between (120) days and (60) days prior to the date of the Participant's annual recertification date. The rent increase request window closes at (60) days before the Participant's annual recertification date.

Rent Reasonableness Policy: The SCCHA will conduct a reasonable rent test. Rent reasonableness means the rent is comparable to unassisted market rents.

https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/guidebook

Participant Name

Street Address

Apt #

Zip Code

Complex Name

Current Rent: _____ Requested Rent: _____ (approval is subject to SCCHA discretion)

Effective Date: _____ (only at the annual recertification date)

Owner or Company Name Owner/Vender # Main Telephone #

E-mail Address

Agent Name (if applicable)

Telephone #

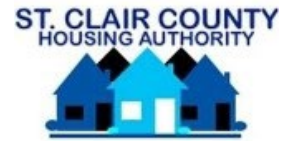
Owner /Agent Signature

Date

For Office Use Only
Date Received: _____ Date Completed: _____ Completed by: _____

Approved Rent Increase Amount: _____ Effective Date: _____

Denied Rent Increase: _____



Owner/Managing Agent/Organization/Development Name (IF APPLICABLE):

TAX CREDIT PROPERTY/UNIT YES NO (if yes, please attach applicable MHDC information)

Address of Unit & (APT # IF APPLICABLE):	Zip Code:	# Bedrooms	# Full Baths	# Half Baths	Sqft:	Year Built	City <small>Check applicable locale</small> County
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Structure Type: <u>Check One</u> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Semi-Detached/Duplex or 2 Family Flat <input type="checkbox"/> Garden/Walk-Up/Low Rise/Multi Family (3,4 or more Family Flat) <input type="checkbox"/> High-rise (5+ floors)	Class: <u>Check One</u> <input type="checkbox"/> Newly Renovated <input type="checkbox"/> Renovated Last 2 – 4 years <input type="checkbox"/> Renovated Last 5 – 7 years <input type="checkbox"/> Renovated 7-10 years Contact Name & Phone Number for Rent Negotiation
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Amenities (check all applicable amenities): Provided and/or Paid by Owner must match HUD form 2517

**Check Applicable Heat Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Heat	<input type="checkbox"/> Cable Included <input type="checkbox"/> Dryer <input type="checkbox"/> W/D Hookups	**Provided by Owner <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Washer	<input type="checkbox"/> Alarm/Security System <input type="checkbox"/> Extra Storage (Shed, Basement etc.) <input type="checkbox"/> Finished Basement
**Check Applicable Cooking Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Cooking	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Microwave <input type="checkbox"/> Stove/Range	<input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator	<input type="checkbox"/> New/Well Maintained Flooring Carpet, Hardwood, Tile etc.)
**Check Applicable Water Heating Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Water Heating	<input type="checkbox"/> Balcony/Patio/Deck/Porch **Check Applicable <input type="checkbox"/> Gated Entry/Community <input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Pool / Fitness Center **Check Applicable <input type="checkbox"/> Garage Parking <input type="checkbox"/> Covered Space (Carport Parking)	<input type="checkbox"/> Window Treatments (Blinds, drapes etc.) <input type="checkbox"/> Fireplace <input type="checkbox"/> Pet Friendly
<input type="checkbox"/> Owner Paid Electric <input type="checkbox"/> Owner Paid Water <input type="checkbox"/> Owner Paid Sewer	<input type="checkbox"/> Playground <input type="checkbox"/> Lawn Care **Provided by Owner <input type="checkbox"/> Owner Paid Trash <input type="checkbox"/> Pest Control	<input type="checkbox"/> Off Street Parking **Driveway, Parking Pad, etc. <input type="checkbox"/> Street Parking <input type="checkbox"/> Assigned Parking	<input type="checkbox"/> Near Public Transportation <input type="checkbox"/> Community Room/Space <input type="checkbox"/> On-site Management <input type="checkbox"/> Maintenance Staff
<input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C # of units supplied by owner (#)			<input type="checkbox"/> Elevator <input type="checkbox"/> Handicap Accessible

By executing this document, I affirm that I have read, comprehended, and acknowledge that this Self Certification is accurate, truthful, and comprehensive. I recognize that this information will be utilized as necessary for my participation in the Housing Choice Voucher program overseen by the St. Clair County Housing Authority. Furthermore, I am aware that any false statements or misrepresentations may be classified as fraudulent activity, which could result in the obligation to repay all funds disbursed on behalf of the assisted household.

Print Name

Signature

Date

Request for Rental Increase Schedule

<u>HAP Anniversary Month</u>	<u>Request for HAP Submittal Month **</u>
January	October (prior to November 1st)
February	November (prior to December 1st)
March	December (prior to January 1st)
April	January (prior to February 1st)
May	February (prior to March 1st)
June	March (prior to April 1st)
July	April (prior to May 1st)
August	May (prior to June 1st)
September	June (prior to July 1st)
October	July (prior to August 1st)
November	August (prior to September 1st)
December	September (prior to October 1st)

**** SCCHA will adhere strictly with the timetable outlined for all Rent Increase Requests.**