

Revere Housing Authority

Section 8

82 Cooledge Street, Revere Massachusetts 02151
Phone 781-284-1700 FAX: 781-286-8093 / 781-286-8093

Rent Increase Request Form TO BE COMPLETED BY PROPERTY OWNER OR AGENT

1. Date of Request _____
2. Tenant Name _____
3. Rental Unit Address _____ Unit # _____
City _____ State _____ Zip Code _____
4. Owner's Name _____
5. Owner Mailing Address _____
City _____ State _____ Zip Code _____
6. Owner Phone Number _____
7. Owner Email Address _____
8. What is the **current** rent for the unit? \$ _____
9. What is the **requested** rent for the unit? \$ _____
10. Has the payment responsibility for the utilities changed? Yes No
11. Has the fuel type for any utilities changed? Yes No
12. Please complete the table below by indicating the fuel type and payment responsibility for each utility.

Utility Type	Fuel Type			Payment Responsibility	
Heat	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Hot Water	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Electricity	Electric			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Refrigerator	Electric			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant

OWNER & TENANT CERTIFICATION

By executing this request, I certify that the unit is in decent, safe, and sanitary condition and that I am compliant with the terms and conditions of the lease and Housing Assistance Payment Contract. I understand that if during the processing of this request Revere Housing Authority determines it will impact the tenant's rent share, RHA will attempt to obtain additional confirmation from the tenant that the increase is affordable to them before the increase goes into effect.

Owner/Agent Signature

Date

By executing this request, I certify that the Owner has notified me of the request for a rent increase for my unit. I understand that if this increase results in a rent which is no longer affordable to me, I may begin the relocation process. If the proposed rent increase is determined to impact your portion of the monthly rent, you will be notified, and Metro Housing will attempt to confirm that the increase is affordable to you before the rent increase is processed.

Tenant Signature

Date