

# Revere Housing Authority

## Section 8

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

### REQUEST FOR RENT INCREASE - POLICY

As an Owner with units under Housing Assistance Payment (HAP) contract with Revere Housing Authority's Housing Choice Voucher (HCV) program, you may request a rent increase once within any 12-month period following the completion of the initial lease term. The request must be submitted to Revere Housing at least 60 days, before the proposed effective date of the rent increase.

Upon receipt of the attached form, Revere Housing Authority will process your request and decide whether the rent increase can be applied. The following must be done prior to the review of the request:

- The Request Form must be completed in its entirety
- The request must be received within the appropriate time frame
- The requested rent must be determined reasonable in accordance with the Housing Choice Voucher Program policy
- The unit must be compliant with HQS and the Massachusetts State Sanitary Code

Revere Housing Authority will notify you in writing regarding the acceptance or denial of the rent increase request. If during Revere Housing's review of the proposed rent increase it is determined that the rent increase will result in an increase to the tenant's portion of the rent, RHA will have to obtain additional confirmation from the tenant that the increase is affordable to them before it goes into effect.

Please note, if you have changed the utility payment responsibilities or fuel types, RHA will process your request at this time. In this case, you will be contacted by RHA to execute a new HAP contract.

You may return the attached Rent Increase Form by:

**Email** [hcvcustomerservice@revereha.com](mailto:hcvcustomerservice@revereha.com)  
**P:781-896-1689**

If you have any questions regarding this process please contact:

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### 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