

HOUSING CHOICE VOUCHER PROGRAM – CMHA Rent Adjustment Request

Please complete and submit this form to initiate your formal request for a rent increase/decrease.

IMPORTANT NOTICE: When you submit a rent adjustment request, a rent reasonableness test will be conducted. If the results of this test indicate that an amount less than your current contract rent should be paid, CMHA-HCVP is required to reduce your contract rent accordingly. This is mandated by the Code of Federal Regulations (CFR) §982.707(4) which states: "At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA."

In addition, please note our procedures for processing rent adjustment requests to be approved.

A request for a rent adjustment must comply with all of the following requirements before CMHA can approve your request.

- You must first provide confirmation that your tenant has agreed to the rent increase that you seek. *This is verified by having the tenant sign this form prior to submission to HCVP.*
- To have your request made effective at the contract anniversary (lease) date, it must be submitted no less than **60 days** prior to the anniversary date. Please note that no rent increases can occur during the first 12 months of a new contract, and in the case of a rent decrease it may be submitted and effectuated immediately.
- For a multi-family apartment building or complex having 3 or more units under the Building Rent Program, please include a building rent form, and current rent schedule *or* a rent roll along with this request if CMHA's current data is more than 1 year old.

Notes to the Landlord/Agent:

- Only one rent increase request per unit will be processed by this agency during any 12-month period.
- Submit copies of any proposed lease addendum or subsequent lease signed by both the landlord and tenant reflecting any new lease terms including the requested rent increase. This includes an executed copy of the HCVP Proposed Lease Addendum form reflecting the family responsibility for the new rental amount.
- Your unit *must* have a passed inspection not more than 1-year old in effect on the proposed effective date of your rent increase. If not, the final rent increase effective date will be based on when the unit passes the inspection.
- For a multi-family apartment building or complex having 3 or more units under the building rent program, you should ensure that CMHA has current building rent information (not more than 1 year old).
- Your tenant must have a current annual re-certification.

Notes to client:

- Your monthly contribution to your housing costs may increase by a portion of or by the entire approved rent increase amount.
- Your utility reimbursement check, *if any*, may change as a result of this request. Any possible change would be communicated to you 30 days prior to the effective date.

Type of Request: Rent Increase Rent Decrease

Date of Request: _____

My current contract rent is: \$ _____ per month.

I would like to increase the rent to: \$ _____ per month. ***

*****If any short-term lease fees are imposed on a tenant who chooses not to execute a new 12 month lease, those fees must be included in the total rent increase request amount and will be included in the analysis of rent reasonableness. If such rent is approved and the tenant subsequently signs a lease, the landlord MUST notify CMHA immediately and submit a rent DECREASE request so that the rent may be re-adjusted accordingly.*****

The following information must be provided:

Landlord Telephone No. _____

Client Telephone No. _____

Landlord Email Address _____

Property Parcel No. _____

Landlord Name (PRINTED) _____

Client Name & Client No. (PRINTED) _____

Landlord's SIGNATURE _____

Client's SIGNATURE/Date _____

Landlord Address _____

Unit Address _____

Landlord City, State, Zip Code _____

Unit City, State, Zip Code _____

Housing Choice Voucher Program – CMHA 8120 Kinsman Road, Cleveland, OH 44104
HCVP Fax No.: 216-271-4102

CMHA'S Housing Choice Voucher Program provides reasonable accommodations to persons with disabilities. If you need an accommodation, including auxiliary aids and/or services, please contact us at 216-431-1471 (voice) or 1-800-750-0750 (Ohio Relay Service).