

0 Bedrooms/Studio

1 Bedroom

2 Bedroom

3 Bedroom

4 Bedroom

## RENT INCREASE REQUEST FORM PERMANENT SUPPORTIVE HOUSING-RENTAL ASSISTANCE PROGRAM

**Instructions:** Owner or authorized property representative should complete this form and return it via email (ayork@lhc.la.gov), fax (225.763.8881) or mail to Louisiana Housing Corporation. Forms should be returned <u>60 - 90 days</u> prior to the <u>HAP Contract Anniversary Date</u>. Please contact our office should you need assistance identifying this date.

Unit Information:			
Project Name:			
Property Address (es):*properties with five (5) or	r more units and/or scatte	red sites may attach a sep	arate list of units.
City:	State:	Zip Co	ode:
Owner/Management Rep	resentative:		
Name:			
Street Address:			Apt:
City:	State:	Zip Co	ode:
City:			
	Alto	ernate Telephone:	
Telephone:	Alto Em dicate the number of units	ernate Telephone: nail: s for which you are request	ting a rent increase,

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

## **Utility Chart:**

Insert "O" if furnished by Owner and included in the rent, "T" if furnished by the Tenant.

ITEM	COAL	OIL	NATURAL	ELECTRIC	L.P. GAS	OTHER
			GAS			
HEAT						
COOKING FUEL						
AIR CONDITIONING						
LIGHTING/REFRIDGERATION						
WATER						
SEWER						
TRASH COLLECTION						
RANGE						
REFRIDGERATOR						
HOT WATER			·			-

Owner/Management Rep	presentative Signature
----------------------	------------------------

I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Name and Title:	
Signature:	Date:

Date rent analysis completed:
Title:

For additional information regarding rent increases or payment adjustments, please refer to "Part II" of the HAP contract; page 4, section 5a ("PHA determination of adjusted rent").