

RENT INCREASE REQUEST FORM
PERMANENT SUPPORTIVE HOUSING-PROJECT BASED VOUCHER PROJECT

Instructions: Owner or authorized property representative should complete this form and return it via email (ayork@lhc.la.gov), fax (225.342.2079) or mail to Louisiana Housing Authority. Forms should be returned **60 - 90 days** prior to the HAP Contract Anniversary Date. Please contact our office should you need assistance identifying this date.

Unit Information:

Project Name: _____

Tenant Name: _____ Recertification Date: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Owner/Management Representative:

Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate Telephone: _____

Fax Number: _____ Email: _____

Rent Increase Request: Indicate the number of units for which you are requesting a rent increase, including the current rent. For Project Based Voucher units, you must also indicate the amount requested.

Number of Bedrooms	Number of Units	Current Rent	Requested Rent
0 Bedrooms/Studio		\$	\$
1 Bedroom		\$	\$
2 Bedroom		\$	\$
3 Bedroom		\$	\$
4 Bedroom		\$	\$

Utility Chart:

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

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

Owner/Management Representative 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: _____

For Office Use Only:

Date received: _____ Date rent analysis completed: _____
Signature: _____ Title: _____
Comments: _____

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").