

## REQUEST FOR A RENTAL ADJUSTMENT

The Housing Choice Voucher (formerly known as Section 8) Program requires that a landlord/management agent submit a written request (provided below) for a rent increase. This written request must be submitted to RRHA at least sixty (60), but no more than ninety (90) days before the anniversary date of the Housing Assistance Payment contract. Providing a completed written request during the proper timeframe provides RRHA staff adequate time to perform a rent comparability review for the dwelling unit and allows RRHA an opportunity to provide a 30-day notice to the program participant (your tenant) of a change in their rental portion. You must provide your tenant with a 60-day written notice of intent to increase the rent.

HUD requires that RRHA ensure that landlords/managing agents charge Housing Choice Voucher (HCV) program participants reasonable rent. This determination involves two comparisons. First, the PHA must compare the rent for the assisted unit to rent for similar unassisted units in the marketplace. Second, the PHA must compare the rent to rents for similar unassisted units on the premises. RRHA must determine rent reasonableness in the following four instances:

- Before entering into a Housing Assistance Payment (HAP) Contract
- Before an increase in the contracted rent to the owner
- If there is a 10% decrease in the published Fair Market Rents (FMR's)
- If directed by HUD

In determining comparability, RRHA must consider:

- Location, quality, size, unit type, and age of the contract unit
- Amenities, housing services, maintenance, and utilities the owner must provide under the lease.

The HAP contract states that the owner's acceptance of the monthly HAP payment from the Authority certifies that the rent to owner is not more than rent charged by the owner for comparable unassisted units on the premises.

Amenities that add value to a rental unit include A/C (central is more valuable than window units), dishwasher, garbage disposal, washer/dryer, balcony, patio, private fenced yard, community room, playground/pool, garage or off-street parking, and the like. Generally, the replacement of items due to normal wear and tear is not considered an amenity unless the replacement quality is significantly higher; normal wear and tear items include carpet, refrigerator, painting, etc. Good landscaping and well-maintained shrubbery and trees add to the value of a dwelling unit.

If you should have questions or need additional assistance, please send an email to the Housing Choice Voucher Leasing team at [HCVPleasing@rrha.com](mailto:HCVPleasing@rrha.com) or Brett Brooks, Housing Choice Voucher Program Supervisor, 804-780-4887 or email at [Brett.Brooks@rrha.com](mailto:Brett.Brooks@rrha.com).

### Important Notice Owner/Management Agent:

- There are no automatic annual rent increases.
- All increases are based on rent reasonableness (i.e., rents of comparable non-assisted units).
- No rent increases can occur during the first 12 months of a new contract.
- A unit that has been in abatement within the previous 12-months is not eligible for an increase.

**Thank you for your cooperation and for your continued participation in the Housing Choice Voucher Program.**



**REQUEST FOR A RENTAL ADJUSTMENT**

Owner/Agent/Company Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

I/We are requesting an increase in the rent for \_\_\_\_\_ (participant name), who resides at \_\_\_\_\_  
\_\_\_\_\_ (unit address).

The lease anniversary month is: \_\_\_\_\_. The current rent at the unit is \$\_\_\_\_\_ and the proposed  
rent is \$\_\_\_\_\_. The requested increase is warranted because: \_\_\_\_\_

Requested Rental Increase Effective Date: \_\_\_\_\_ Date of Last Increase: \_\_\_\_\_

**NOTE: Multi-family complexes must complete the comparability information below**

**Recently Leased Comparable Unassisted Units**

House/Apt#	Street Address	Date Rented	Contract Rent	Point of Contact/Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**For the purposes of the comparability, check the services/amenities/utilities included with the unit that are paid by the landlord:**

# of Bedrooms: \_\_\_\_ # of Full Bathrooms: \_\_\_\_ # of Half Baths: \_\_\_\_ Square Footage: \_\_\_\_\_

<u>Unit Type</u>		<u>Quality of Unit</u>		<u>Utilities</u>	
<input type="checkbox"/>	Single Family detached	<input type="checkbox"/>	Fair – Meets min. Nspire	<input type="checkbox"/>	Gas
<input type="checkbox"/>	Garden/Walk-up/Low-Rise	<input type="checkbox"/>	Good – Somewhat exceeds min. Nspire	<input type="checkbox"/>	Bottle Gas
<input type="checkbox"/>	Manufactured/Mobile	<input type="checkbox"/>	Excellent – Greatly exceeds min. Nspire	<input type="checkbox"/>	Electric
<input type="checkbox"/>	Semi-detached/Townhouse/Rowhouse	<input type="checkbox"/>	Extensively rehabilitated within 5 years	<input type="checkbox"/>	Water
<input type="checkbox"/>	Elevator/High Rise			<input type="checkbox"/>	Sewer
				<input type="checkbox"/>	Trash Collection
				<input type="checkbox"/>	Oil/Coal

**Amenities (Check all that apply)**

<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Ceiling Fans	<input type="checkbox"/>	Range	<input type="checkbox"/>	Garage
<input type="checkbox"/>	Central/Window Air	<input type="checkbox"/>	Cable/Internet Ready	<input type="checkbox"/>	Playground
<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Security System	<input type="checkbox"/>	Yard Sprinkler
<input type="checkbox"/>	Covered/Off Street Parking/Garage	<input type="checkbox"/>	Modern Appliances	<input type="checkbox"/>	Pool
<input type="checkbox"/>	Storage	<input type="checkbox"/>	Washer/Dryer	<input type="checkbox"/>	W/D Hookup
<input type="checkbox"/>	Handicap Accessible	<input type="checkbox"/>	Ceramic Tile Floor	<input type="checkbox"/>	Laundry Facility
<input type="checkbox"/>	Basement/Attic	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	Carpeting
<input type="checkbox"/>	Deck/Balcony/Porch	<input type="checkbox"/>	Onsite Maintenance	<input type="checkbox"/>	Special Service

My signature certifies that the statements made on this form are true and correct. I understand that if RRHA discovers a discrepancy at any time to the information I have provided, RRHA may assess the contract rent based on the correct information.

Owner/Agent/Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form should be completed in its entirety and returned to RRHA via email to [hcvpleasing@rrha.com](mailto:hcvpleasing@rrha.com).

**FOR RRHA USE ONLY**

Date Processed: \_\_\_\_\_ Decision:  Approved  Negotiated Amount \$ \_\_\_\_\_, (if necessary)

RRHA Approver: \_\_\_\_\_  Denied Reason: \_\_\_\_\_