



Campbell County Department of Housing

1098 Monmouth Street Room 235 Newport KY 41071

Phone (859) 261-5200 TTY/TDD 1-800-545-1833 Ext. 937 Fax (859) 261-0577 Email hggeneral@campbellcountyky.gov

REQUEST FOR RENT INCREASE

Per 24 CFR 982.507 (d): By accepting each monthly housing assistance payment from the PHA, the owner certifies that the rent to owner is not more than rent charged for comparable unassisted units in the premises.

Per the Housing Assistance Payment Contract, During the HAP contract term (including the initial term of the lease and any extension term):

- The rent to owner may not exceed rent charged by the owner for comparable unassisted units in the premises.
The owner certifies that the rent to owner does not exceed rents charged by the owner for rental of comparable unassisted units in the premises
The rent to owner may at no time may exceed rent charged by the owner for comparable unassisted units in the premises.
Except for the rent to owner, the owner has not received and will not receive any payments or other consideration (from the family, the PHA, HUD, or any other public or private source) for rental of the contract unit.

Tenant Name: Current rent to owner: \$ Proposed rent to owner: \$

Address of assisted unit:

Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises. If the building this assisted unit is in does not have 4 or more units, please write "not applicable" below.

Unless you have verified with CCDH that you are an LIHTC property, if you request an increase in contract rent for an assisted unit that exceeds that of what is shown below for any unassisted unit, you must provide documentation that the rent for the unassisted unit(s) will increase to the requested amount of the unassisted unit on or before the effective date of the increase request for the unassisted unit.

Table with 3 columns: ADDRESS AND UNIT NUMBER, DATE RENTED, RENT TO OWNER. Rows 1, 2, 3.

After the initial occupancy period, the owner may request a rent adjustment in accordance with the owner's lease. Rent is approved or disapproved based on a comparison of three comparable unassisted units in the area. Agency payment standards do not determine or affect rent reasonableness. Approved rent increase requests will become effective on the first of the month following sixty days after the PHA's receipt of the owner's request, or on the date specified by the owner, whichever is later.

CCDH may request additional information about the unit for which the increase is being requested and for rents charged for other units on the premises. The owner must notify CCDH of any changes in the amount of rent or utility responsibility at least sixty days before any such changes go into effect, and any such changes shall be subject to rent reasonableness requirements (24 CFR 982.309).

CCDH will determine whether the requested increase or change is reasonable within thirty calendar days of receiving the request from the owner. The owner will be notified of the determination in writing. In the event an increase is approved the owner will be notified by a lease amendment. If a request corresponds with a tenant's recertification date and is denied (or a lesser amount is approved), the lease amendment will serve as notification. If a request is made that does not correspond with a tenant recertification date and is not approved, separate notification regarding the denial will be provided to the owner. Changes in utility responsibility require the completion of a Request for Tenancy Approval and updated lease and contract.



If you are proposing a rent increase of more than 3% please provide an explanation regarding the amount of the proposed rent increase (e.g. Property tax increase, insurance cost increase, maintenance and improvements to the unit or property, increase in rates for owner paid utilities, etc.). If you are proposing an effective date later than the first of the month following sixty days after the PHA's receipt of your request, you must specify it below:

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Property Owner Name: \_\_\_\_\_ Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner email: \_\_\_\_\_

Is this a Low Income Housing Tax Credit (LIHTC) property? \_\_\_\_\_

**Incomplete forms will not be accepted and will be returned to the owner by CCDH.  
Please complete the entire request in order that CCDH can best assist you.**

**PLEASE DO NOT WRITE BELOW THIS LINE – CCDH OFFICE USE ONLY**

Is a rent increase approved for the above referenced subsidized unit? Yes \_\_\_ No \_\_\_

Approved Rent to Owner: \$ \_\_\_\_\_

Effective date of increase: \_\_\_\_\_

Date reviewed by CCDH personnel: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

The reviewer affirms that this increase has passed the required rent reasonableness test and has attached the comparable unit assessment form(s).