



PINAL COUNTY
WIDE OPEN OPPORTUNITY

REQUEST FOR RENT INCREASE / DECREASE

Please read the below information carefully before submitting your request.

Owners/Agents in the Housing Choice Voucher (HCV) program may request a rent increase **after** the initial 12 month lease term. After the first year, **annually** at recertification, rents may be increased if the owner gives at least 60 calendar day's written notice to the family and Pinal County Housing Authority (PCHA) prior to the annual recertification date. The notice shall state both the new rental amount and the date from which the increased rent is payable.

Upon receipt of your completed request form, PCHA will process your request to determine if the requested rent is reasonable in comparison with unassisted units in the private market. If your request is approved the rent increase will be effective at the next lease renewal date or the date the change is to take place after the initial 12 month lease term. If your requested rent is not reasonable in comparison with comparable units in the private market PCHA will deny your rent increase.

Requests for rent increases **must** be submitted 60 days prior to the effective date. Effective dates must start on the 1st of the month.

If there is a change in utilities, the tenant and landlord must complete a Utility Change Request form and enter into a new Lease and Housing Assistance Payment (HAP) contract.

This form must be completed in its entirety with all required signatures. Incomplete requests may be denied.

Owners must be in compliance with all obligations under the HAP contract, including compliance with the housing quality standards.

Owners should review the area rental market prior to requesting an adjustment to the contract rent. The reasonableness analysis conducted by PCHA may yield results equal, higher, or lower than the current contract rent.

PCHA may limit and/or deny rent increase requests due to funding availability or restrictions. Please allow 45 days for the PCHA to review and respond to your request.



TO BE COMPLETED BY OWNER OR AGENT REPRESENTATIVE

Please check one of the following:

Rent Increase

Rent Decrease

Current Rent: _____ Requested Rent: _____ Effective Date: _____

Tenant Name: _____

Rental Property Address: _____

Owner or Authorized Agent: _____

Phone # _____

Email: _____

General Information:

Building Type: Single Family Detached

Apartment

Duplex, Rowhouse, Townhouse

Manufactured Home

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage: _____ Year Built: _____

Has the payment responsibility for the utilities changed? Yes No

Utility Item	Fuel Type	Paid by
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or other	
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or other	
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or other	
Electric	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or other	
Air Conditioning	<input type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> Evaporative Cooler	
Water		
Sewer		
Trash		
Stove		
Refrigerator		

Owner's Certification

Complete the following section for most recently leased comparable unassisted units within the premises or elsewhere.

Address and Unit Number	Date Rented	Rental Amount

Amenities and Services Included in the Rent:

- Pets Eating counter/breakfast nook Modern appliances Dishwasher Patio
- Microwave Kitchen pantry or abundant shelving/cabinets Garage or parking facilities
- Balcony Driveway Double sink in bathroom Large yard Screen doors/windows
- Unit is accessible to a particular disability High quality floors or wall coverings
- Exceptional size relative to needs of family Large mirrors in bathroom Glass door on shower/tub
- Built in heat lamp in bathroom Special feature shower head

Unit Quality:

- Newly constructed/renovated Well maintained/partially renovated Adequate

By executing this request, I certify that the unit is in decent, safe and sanitary condition and to the best of my knowledge, the above information is correct.

Owner/Agent Signature

Date

Delivery Instructions:

Please send all request for a rent increase/decrease attention to: Angie Saucedo
(ONLY SEND REQUEST **ONE TIME** BY ONE OF THE FOLLOWING WAYS:)

Mail: 970 N. Eleven Mile Corner Road Casa Grande, AZ 85194

Email: angie.saucedo@pinal.gov

Phone: (520) 866-7214 Fax (520) 866 7235

FOR PCHA USE ONLY

- Approved Conditional Approval Denied

Comments:

PCHA Representative Signature

Date