

Housing Authority of the City of Orange

516 Burton Avenue P.O. Box 3107 Orange, TX 77631-3107 | Phone: 409.883.5882 | Fax: 409.883.8014 | www.orangeha.com

Rental Increase Request Information

A request for rental increase must comply with **all** the following requirements before the Orange Housing Authority (HACO) can approve the request.

A request for a rental increase must comply with all the following requirements before the HACO can approve the request:

- (1) You must provide confirmation that your tenant will sign an amended lease agreement for the requested rent. This is verified by having the tenant sign this form prior to submission to HACO.
- (2) To have your request made effective at recertification date, it must be submitted no less than (120) days **prior** to the anniversary date.
- (3) No rental increase can be submitted during the first twelve (12) months of a new contract.
- (4) The amount requested cannot exceed the rents for comparable unassisted units in the same neighborhood of the assisted unit.
- (5) For multi-family apartment building or complex three (3) or more units, please submit your current rent schedule.

A Rent Reasonableness test is conducted for all rental increase requests submitted. If the results of this test indicate that an amount less than your current contract rent should be paid, the Orange Housing Authority (HACO) is required to reduce your contract rent accordingly. This is mandated by the 24 Code of Federal Regulations (CFR) 982.507(4), which states: *“at all times during the assisted tenancy the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA.”*

In addition, please note the procedures for processing a Rental Increase Request:

- (1) Only one (1) request per unit will be processed by HACO during any twelve (12) month period.
- (2) Submit a new lease addendum accepting the approved annual rent increase.

IMPORTANT NOTICE:

Tenant portion may increase by some or the entire approved rental increase amount.

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Rent Increase Request Form

ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED AT LEAST 120 DAYS PRIOR TO ANNIVERSARY. ANY INCOMPLETE FORMS MAY BE DELAYED OR REJECTED.

Property and Participant Information

Landlord Name: _____ Landlord Vendor Number: _____
 Landlord Email Address: _____ Landlord Phone Number: _____
 Property Name (if applicable): _____ Participant Name: _____
 Address: _____ Participant SSN: _____
 City: _____ State: _____ Zip: _____
 Sq. Feet: _____ Year Built #: _____ Of Bedrooms: _____ # of Bathrooms: _____ Total # of Units in Building/Complex: _____

Washer/Dryer W/D Hookups Dishwasher Garbage Disposal Ceiling Fan Pool
 Porch Balcony Deck Lawn Maintenance Pest Control Alarm
 Off-Street Parking Garage Parking - # Parking Carport Parking - #Parking
 Other: _____

Utilities and Appliances

Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item Type	Specify Fuel Type	Provided By:	Paid By: O= Owner T= Tenant
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle <input type="checkbox"/> Oil <input type="checkbox"/> Heat Pump		
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle		
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle <input type="checkbox"/> Oil		
Other Electric			
Water			
Sewer			
Air Conditioning	<input type="checkbox"/> Central A/C <input type="checkbox"/> Window Unit A/C		
Refrigerator			
Range/Microwave			
Other (Specify)			

Rent Increase Request

Current Contract Rent

Contract Rent Request

Participant Signature

Date

Owner Signature

Date

HACO Rent Determination

Pursuant to Section B.6 of the HAP contract, the Housing Authority of the City of Orange (HACO) has reviewed your rent increase request to determine if the requested rent is reasonable and that it does not exceed other comparable market rate rents. The following details HACO's acceptance decision.

- Yes Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date of your HAP Contract
- Adjusted Your rent increase request has been determined not to be reasonable with other market rate rents at this time but has been adjusted to a rate that is reasonable. The adjusted rent amount is \$ _____, effective on _____ the renewal date of your HAP Contract.
- No Your rent increase request has been determined not to be reasonable with other market rate rents at this time. Please resubmit your request 120 days before your next annual HAP contract renewal
- No Your rent increase was received late and the comparable analysis will not be conducted at this time. Please resubmit your renewal 120 days before your next annual Hap contact renewal.

HACO Signature

Date