



### **Rental Increase Request Information**

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- (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 the 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 as the assisted unit.
- (5) For a multi-family apartment building or complex with 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.

516 Burton Ave. \* Orange, TX 77630 \* (409) 883-5882 \* (409) 883-8014 fax \* [www.orangeha.com](http://www.orangeha.com)

**A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY**

*The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Housing Authority office for assistance. Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1.*

## 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

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