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RENT INCREASE REQUEST

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Please prepare a separate request for each building or scattered site within the development and submit it, along with the Rent Roll and Rent Analysis, via email to pbv@thecha.org with "Rent Increase" in the subject line.

Note: Requests must be submitted no later than 60 days prior to the HAP Contract anniversary date.

Development Name		Property ID #	
Development Street Address	City	State	ZIP Code
Property Owner Name		Vendor #	
Mailing Address	City	State	ZIP Code
Email Address		Telephone #	
Contact Person Name	Email Address	Telephone #	

Structure Type: ___ Low-Rise (3-4 stories, incl. garden apartment) ___ High-Rise (5+ stories)
Building Type: ___ Elevator ___ Walk-Up Year Built/Year Rehab: _____
Census Tract Code (www.ffiec.gov/geocode): _____ Tax Credit Financing? ☐ Yes ☐ No

REQUESTING RENT					OFFICE USE ONLY		
Unit Size	# of Bathrooms per Unit	Square Footage of Unit	Current Rent	(A) Requested Rent	(B) FMR <input type="checkbox"/> 110% <input type="checkbox"/> 150% <input type="checkbox"/> QCT	(C) Average Rent Comp	Contract Rent (Lowest of A, B, C)
			\$	\$			
			\$	\$			
			\$	\$			

Utility Information: Utility responsibilities are listed in the HAP Contract, Exhibit C.

Property Owner Acknowledgement and Signature:

I certify that the information provided on this form is complete and accurate to the best of my knowledge and the requested rent(s) meet all requirements from lenders, including those related to tax credits and/or HOME funds.

Property Owner Signature _____ Date _____

For Office Use Only:

Date Received: _____ Date Submitted for Approval: _____ Mobility Area: ☐ Yes ☐ No
Recommended by: _____ Approved by: _____ Effective Date: _____

Rev. 12082021, Eff. 12092021, CHA-0315: Rent Inc Request