IMPORTANT CHANGES – PLEASE READ THIS LETTER

9/20/2019

Dear Property Owners:

Metro Housing|Boston (Metro Housing) is writing to notify you of important changes to Metro Housing’s Federal Housing Choice Voucher (HCV) program. Metro Housing is pleased to inform you that we have established an Owner Services Team to assist with receiving and processing all owner rent increase requests. This change will result in more timely and efficient rent increase requests and determinations. Specifically, Metro Housing anticipates that rent increase determinations will be made and communicated to you on or before the HAP anniversary date for the development. Please note this timeframe assumes timely receipt of complete rent increase requests. Attached to this notice is a copy of the new Rent Increase Request Form, as well as an information sheet containing the requirements for processing and approving rent increases. This new process will take effect for any rent increase request received on or after September 30th.

Contact information for the Owner Services Team is included below.

Metro Housing|Boston
Attention: Owner Services Team
1411 Tremont Street, Boston, MA 02120
Email: OwnerServices@MetroHousingBoston.org
Fax: 617-532-7563
Phone Number: 617-425-6765

For inquiries regarding payment or concerns with a particular participant, please contact the Leased Housing Gateway team to speak with a Program Specialist to have the issue resolved or escalated to the appropriate staff. The Gateway team can be contacted by phone (617-425-6611) or by email (Gateway@MetroHousingBoston.org).

Sincerely,

John Hillis
John Hillis, Director of Inspections and Owner Services, Compliance, and Systems
Requirements for Processing & Approving Rent Increases

1. Requests for rent increases may be made once per year per unit.

2. Requests must be made on the Request for Rent Increase Form which is available on Metro Housing’s website at MetroHousingBoston.org/what-we-do/property-owners-portal/property-owner-forms/ or in person at Metro Housing’s office at 1411 Tremont Street, Boston, 02120.

3. The Request for Rent Increase form must be completed in entirety and must be received at least 60 days, but not more than 120 days, prior to lease renewal date. Requests for rent increases may be sent via US Mail, Fax, Email or hand delivered to:

   Metro Housing|Boston
   Attention: Owner Services Dept.
   1411 Tremont Street, Boston, 02120.
   Email: OwnerServices@MetroHousingBoston.org
   Fax: 617-532-7563

4. The requested rent must be reasonable, as determined by Metro Housing’s rent reasonableness process.

5. The unit for which the rent increase is requested must be in compliance with Housing Quality Standards.

6. Metro Housing will prepare and send a Rent Increase Outcome letter prior to the lease anniversary date for the unit.
REQUEST FOR RENT INCREASE FORM

As an Owner with units under Housing Assistance Payment (HAP) contract in Metro Housing|Boston Tenant-Based Housing Choice Voucher (HCV) program, you may request a rent increase once per year. The request must be submitted to Metro Housing|Boston at least 60 days, but not more than 120 days, prior to the lease renewal date.

Upon receipt of this form, Metro Housing will process your request and make a determination on the outcome of your request. In order for Metro Housing to approve this request:

- The Request Form must be completed in entirety;
- The request must be received within the appropriate time frame;
- The requested rent must be reasonable; and
- The unit must be in compliance with HQS.

Metro Housing will notify you in writing regarding the outcome of your request. Please note, if you have changed the utility payment responsibilities or fuel types, Metro Housing will not be able to process your request at this time. You will be contacted by Metro Housing to execute a new HAP contract.

You may return this form via the following methods:
- In Person
- U.S. Mail: Metro Housing|Boston, Attention: Owner Services Dept., 1411 Tremont St., Boston, MA 02120
- Email: OwnerServices@MetroHousingBoston.org
- Fax: 617-532-7563

If you have any questions regarding this process please contact the Owner Customer Care Dept. at 617-425-6765 or email us at OwnerServices@MetroHousingBoston.org

TO BE COMPLETED BY PROPERTY OWNER OR AGENT

1. Date of Request __________________________
2. Tenant Name ______________________________
3. Rental Unit Address __________________________ Unit # ______
4. Owner’s Name __________________________
5. Owner Mailing Address: __________________________
   City_________________________ State___________ Zip Code___________
6. Owner Phone Number __________________________
7. Owner Email Address: __________________________

Answer all questions on this request form. Owners must sign and date this request and obtain the tenant’s signature as well. Metro Housing|Boston will not process owner rent increase requests if the Request Form is incomplete.

8. What is the current rent for the unit? $__________________________
9. What is the requested rent for the unit? $__________________________
10. Has the payment responsibility for the utilities changed? □ Yes □ N
11. Has the fuel type for any utilities changed? ☐ Yes ☐ No

12. Please complete the table below by indicating the fuel type and payment responsibility for each utility.

<table>
<thead>
<tr>
<th>Utility Type</th>
<th>Fuel Type</th>
<th>Payment Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat</td>
<td>Gas ☐ Oil ☐ Electric ☐</td>
<td>Owner ☐ Tenant ☐</td>
</tr>
<tr>
<td>Cooking</td>
<td>Gas ☐ Oil ☐ Electric ☐</td>
<td>Owner ☐ Tenant ☐</td>
</tr>
<tr>
<td>Hot Water</td>
<td>Gas ☐ Oil ☐ Electric ☐</td>
<td>Owner ☐ Tenant ☐</td>
</tr>
<tr>
<td>Electricity</td>
<td>Gas ☐ Oil ☐ Electric ☐</td>
<td>Owner ☐ Tenant ☐</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>Electric ☐</td>
<td>Owner ☐ Tenant ☐</td>
</tr>
</tbody>
</table>

OWNER & TENANT CERTIFICATION

By executing this request, I certify that the unit is in decent, safe and sanitary condition and that I am in compliance with the terms and conditions of the lease and Housing Assistance Payment Contract.

Owner/Agent Signature ___________________________ Date __________

By executing this request, I certify that the Owner has notified me of the request for a rent increase for my unit. I understand that if this increase results in a rent which is no longer affordable to me, I may begin the relocation process.

Tenant Signature ___________________________ Date __________