

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 Híllís

John Hillis, Director of Inspections and Owner Services, Compliance, and Systems



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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-ownerforms/ 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.



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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 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: <u>OwnerServices@MetroHousingBoston.org</u>
- 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		
	Tenant Name		
	Rental Unit Address		Unit #
4.	Owner's Name		
5.	Owner Mailing Address:		
	CitySta	te Zip C	Code
6.	Owner Phone Number	<u> </u>	
	Owner Email Address:		
sigr	wer all questions on this request form. Owners must sign a nature as well. Metro Housing Boston will not process owne omplete.		
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	

Utility Type	Fuel Type	Payment Responsibility
Heat	Gas Oil Electric	Owner Tenant
Cooking	Gas Oil Electric	Owner Tenant
Hot Water	Gas Oil Electric	Owner Tenant
Electricity	Electric	Owner Tenant
Refrigerator	Electric	Owner Tenant
	OWNER & TENANT CERTIFICATION that the unit is in decent, safe and san and thousing Assist	itary condition and that I am in
	that the unit is in decent, safe and san nditions of the lease and Housing Assist	itary condition and that I am in
Owner/Agent Signature By executing this request, I certify	that the unit is in decent, safe and san nditions of the lease and Housing Assist	itary condition and that I am in ance Payment Contract. Date request for a rent increase for my