



People First. Housing Always.

REQUEST FOR RENT APPROVAL (MRVP Mobile Only): For New Lease-Ups and Rent Increases
(Increases only: Attach a copy of the original notice sent to the tenant)

Upon receipt of this form, Metro Housing|Boston will determine if the requested rent is reasonable by comparing rents of equivalent units in the private market. We will notify you in writing regarding the outcome of your request within thirty (30) days.

Mobile Rent Increase Eligibility Requirements:

- 1. The rent increase must be requested for the lease renewal date.
2. The tenant must be notified in writing, and a copy of 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.
3. Only one rent increase can be approved within any 12-month period.

If the above criteria are not met, a rent increase cannot be considered at this time. For project-based rent increases: contact the Project-Based Lead Specialist at (617)425-6757.

For internal use only:
Eligible/Not Eligible
Rent approved/denied
Final Rent: \$
Effective date:
Reason:
Reasonable rent: \$

Please complete this form and have it mailed or hand-delivered with all relevant

attachments to: Metro Housing|Boston, 1411 Tremont Street, Boston, MA 02120, Attn: MRVP Rent. You can also fax (617) 532-7524, or email MRVPrent@metrohousingboston.org. If you have any questions, you may call the MRVP Lead Specialist at (617) 425-6649.

- 1. Type of request (select one): New lease-up Rent Increase
2. What is the requested rent for the unit? \$
Rents for mobile units must fall within MRVP maximum rent limits (under MRVP forms at www.metrohousingboston.org)
3. Number of habitable bedrooms:
4. Tenant Name:
5. Rental Unit Address: Unit #: City/State/Zip:
6. Legal Owner's Name: Property Manager (if different):
7. Property Manager Address: City/State/Zip:
8. Owner's/Property Manager's Phone Number: Email:
9. Select the type of house/apartment: Single Family Detached Duplex/2-Family 3-Family
Row House/Town House Low-Rise (3 or 4 stories) High-Rise (5 or more stories) Multi-family

10. Please complete the table below by indicating the fuel type and payment responsibility for each utility (required):

Table with 3 columns: Utility Type, Fuel Type, Payment Responsibility. Rows include Heating fuel, Cooking fuel, Hot Water, Other Electricity, and Water.

- 11. (Increase only) Will the payment responsibility for the utilities change? No Yes (New lease required)
12. Question 12 (a-d) is optional but will aid in performing a more accurate market analysis.
a. Please indicate which of the following features and amenities are included in the rent: Central AC Refrigerator Microwave Assigned parking space Parking garage In-unit washer & dryer W/D hook-up Dishwasher Other (specify):
b. How many bathrooms are in the unit? 1 1.5 2 Other:
c. What is the square footage of the unit? sq. ft.
d. What year was the property originally built? (if there have been recent renovations, attach documentation)

(Increase Only) Tenant Notification (You must select at least one):

I (the tenant) have acknowledged the notice of rent increase, and by signing I certify that the owner has notified me within the required timeframe.
Tenant Signature: Date:
I (the owner) have attached a copy of the rent increase notice sent to the tenant at least sixty (60) days prior to the lease renewal. The tenant does not need to sign a rent increase request if they are properly notified and Metro Housing|Boston receives a copy.

By executing this request, I am certifying that the information above is true and correct:

Signature of Owner or Property Manager: Date: