



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 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.

Utility Type	Fuel Type			Payment Responsibility	
Heat	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Hot Water	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Electricity	Electric			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Refrigerator	Electric			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant

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