

## **REQUEST FOR RENT INCREASE - POLICY**

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 within any 12-month period following the completion of the initial lease term. The request must be submitted to Metro Housing|Boston at least 60 days, but not more than 120 days, before the proposed effective date of the rent increase.

Upon receipt of the attached form, Metro Housing will process your request and decide whether the rent increase can be applied. For Metro Housing|Boston to approve this request:

- The Request Form must be completed in its entirety
- The request must be received within the appropriate time frame
- The requested rent must be determined reasonable in accordance with the Housing Choice Voucher Program policy
- The unit must be compliant with HQS and the Massachusetts State Sanitary Code

Metro Housing|Boston will notify you in writing regarding the acceptance or denial of the rent increase request. If during Metro Housing's review of the proposed rent increase it is determined that the rent increase will result in an increase to the tenant's portion of the rent, Metro Housing will attempt to obtain additional confirmation from the tenant that the increase is affordable to them before it goes into effect.

Please note, if you have changed the utility payment responsibilities or fuel types, Metro Housing|Boston will not be able to process your request at this time. In this case, you will be contacted by Metro Housing|Boston to execute a new HAP contract.

You may return the attached Rent Increase Form by:

Mail: Metro Housing|Boston, ATTN: 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 <u>ownerservices@metrohousingboston.org</u>

Metro Housing						
BOSTON						
People First. Housing Always.						

## Rent Increase Request Form TO BE COMPLETED BY PROPERTY OWNER OR AGENT

1.	Date of Request					
2.	Tenant Name					
3.	Rental Unit AddressCity	State	Zip Code	Unit #		
4.	Owner's Name					
5.	Owner Mailing Address City	State	Zip Code			
6.	Owner Phone Number					
7.	7. Owner Email Address					
8.	. What is the <b>current</b> rent for the unit? \$					
9.	. What is the <b>requested</b> rent for the unit? \$					
10.	10. Has the payment responsibility for the utilities changed?					
11.	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	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**

By executing this request, I certify that the unit is in decent, safe, and sanitary condition and that I compliant with the terms and conditions of the lease and Housing Assistance Payment Contract. I understand that if during the processing of this request Metro Housing determines it will impact the tenant's rent share, Metro Housing will attempt to obtain additional confirmation from the tenant that the increase is affordable to them before the increase goes into effect.

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. If the proposed rent increase is determined to impact your portion of the monthly rent, you will be notified, and Metro Housing will attempt to confirm that the increase is affordable to you before the rent increase is processed.

Tenant Signature

Dat