

REQUEST FOR CONTRACT RENT INCREASE

As a Metro Housing|Boston partnered property owner, you may request a rent increase once yearly, post-initial lease term. Your request should be submitted to Metro Housing|Boston, at least **60, but no more than 120,** days prior to the proposed increase.

Upon receipt of this form, Metro Housing|Boston will process your request and make a determination on the outcome of your request. For Metro Housing|Boston to approve this request:

- The Request Form must be completed in entirety (2 pages);
- The request must be received by Metro Housing|Boston within the appropriate time frame;
- The requested rent must be reasonable; and
- The units under contract must be in compliance with HQS and Massachusetts State Sanitary Code.

This form should be completed and attached to your digital Contract Rent Increase submission. The digital Contract Rent Increase submission can be made here: <u>https://airtable.com/shrzMcypjWPdZaeLL</u>. Upon receipt, Metro Housing|Boston will email confirmations of form receipt, followed by notification of approval or denial. If the tenant's rent portion increases, we'll verify its affordability before implementation.

If you have altered the utility payment responsibilities or fuel types, Metro Housing|Boston cannot process your request immediately. Under such circumstances, we will reach out to you for a new rental assistance voucher payment contract execution.

| Date of Request | |
|---|--------------------|
| Tenant Name | |
| Unit Address | - |
| Owner Name | _ |
| Owner Address | - |
| Owner Phone Number | _ |
| Owner Email Address | _ |
| Current Rent of the Unit | _ |
| Requested new rent of the Unit | _ |
| Date the new rent should take effect | |
| Has the payment responsibility for the utilities changed? Has the fuel type for any | utilities changed? |
| |] NO |

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 |

The following questions are 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:

 \Box Central AC \Box Refrigerator \Box Microwave \Box Assigned parking space \Box Parking garage \Box In-unit washer & dryer \Box W/D hook-up \Box Dishwasher \Box Other (specify):

b. How many bathrooms are in the unit? \Box 1 \Box 1.5 \Box 2 \Box 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)

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 qualifying rental subsidy 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

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

DATE

DATE