



REQUEST FOR CONTRACT RENT INCREASE FOR PROJECT BASED UNITS

As an Project-Based Owner with units under a rental assistance voucher payment contract in Metro Housing|Boston you may request a rent increase once per year. The request must be submitted to Metro Housing|Boston at least 60 days, but not more than 120 days, prior to the HAP Contract anniversary date.

Upon receipt of this form, Metro Housing|Boston will process your request and make a determination on the outcome of your request. In order for Metro Housing|Boston 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 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. Upon receipt, Metro Housing|Boston will email confirmations of form receipt, followed by notification of approval or denial.

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.

TO BE COMPLETED BY PROPERTY OWNER OR AGENT

1. Date of Request _____ 2. Project Name _____

3. Contracted Project Unit Address (Please attach separate sheet if you need to include more units)

Street Address	Unit #	City	Zip Code	BR Size	Vacant?



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4. Owner's Name _____

5. Owner Mailing Address _____

6. Owner Phone Number _____ 7. Owner Email Address _____

8. Complete the table below:

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Current Rent						
Requested Rent						
# of Units under Contract						

9. Has the payment responsibility for the utilities changed? YES NO

10. Has the fuel type for any utilities changed? YES NO

11. Please complete the table below by indicating the fuel type and payment responsibility for each utility.

Utility Type	Fuel Type (Gas, Oil or Electric)	Payment Responsibility (Tenant or Owner)
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

OWNER 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 Housing Assistance Payment Contract.

Owner/Agent Signature

Date