CONTRACT RENT ADJUSTMENT REQUEST FORM

This form is used to request a change in contract rent. The request does not guarantee that a contract rent increase will be granted. The rent must be determined reasonable to assure that rent charged for the unit is comparable with other unassisted units of similar type *24 CFR 982.507(b)*.

Please note: If HANO determines that your current contract rent is higher than the Reasonable Rent then **the result will be a decrease in contract rent**.

Owner Name: _____ Owner ID: _____

Rent Increase Effective Date: _____

Owner Address: _____

Owner City, State, Zip: _____

Tenant Name: _____ Resident ID: _____

Unit Address: _____ Zip: _____

To request a contract rent adjustment, this form must be completed and submitted at any time after the initial lease term. To make a request, this form must be completed and submitted to the Housing Choice Voucher Program Office with at least 60 days' notice given to your tenant. Any change in rent that is approved will be effective 60 days after the request is received by HCVP.

Prior to approval of any rent increase, the unit must have a "pass" rating on a recent HQS inspection.

To be Completed by Owner/Agent

Has the responsibility for the utilities been changed during the past year? Yes ☐ No ☐

If yes, when (mm/dd/yy)? _____

Which utility(ies)/fuel type?: _____

What is the proposed new rent for the specified unit and tenant? $_____

Owner Acknowledgement: By executing this request, the owner certifies that the unit is in decent, safe and sanitary condition and that he/she is in compliance with the terms and conditions of the lease. The owner understands that if HANO determines that the current contract rent is higher than the new Reasonable Rent determination then **the result will be a decrease to the contract rent**.

Owner/Agent Signature: _____ Date: _____

Daytime Telephone Number: _____ Email Address: _____

Tenant acknowledgement: I have reviewed this form and the information is accurate. I am aware of the increase in rent the owner has requested and that this request may result in an increase in my portion of the rent.

Tenant's Signature: _____ Date: _____

Daytime Telephone Number: _____ Email Address: _____

Return this completed form to HANO Housing Choice Voucher Program Office via email to RentIncreaseRequest@hano.org.

Administrative Office
1555 Poydras St., Suite 1800
New Orleans, LA 70112

Client Services Center
10001 Lake Forest Blvd., 10th Floor
New Orleans, LA 70127

Client - Fast Track Center
1891 Rousseau St.
New Orleans, LA 70130

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