

## *Housing Choice Voucher Program*

### **RENT INCREASE AND UTILITY CHANGE REQUIRED DOCUMENTS**

We continue to value your contribution to providing affordable housing to our clients and our community through Columbus Metropolitan Housing Authority's (CMHA) Housing Choice Voucher Program. Below are the rent review requirements and an overview of the process.

The owner may request a rent increase after the tenant has resided in the unit for an entire year. All rent increases and/or utility changes are subject to processing within 60 days after CGI receives the required documentation. **Rent increase and/or utility change requests must be submitted not less than 60 days in advance of the proposed effective date.** Please ensure that you provide proper notification to your tenants and all of the required documentation to CGI. If you fail to submit all the required documentation or we determine that the request requires additional information, you will have 10 days to provide the requested information otherwise the rent review and/or utility change will be denied. You will need to resubmit your request; this may change the effective date.

#### **Required Documents for Rent Increases**

1. Rent Increase Request Form (form HCV-1039)
2. A copy of the 60-day notice provided to the tenant regarding the proposed rent increase.
  - The notice must be dated, addressed to the tenant, and specifically state the effective date and the proposed rent amount.
3. A current copy of the rent roll, if applicable (required for all properties with 20 or more units)

#### **Required Documents for Utility Changes**

1. Rent Increase Request Form (form HCV-1039)
2. A copy of the 60-day notice provided to the tenant regarding the proposed utility change.
  - The notice must be dated, addressed to the tenant, and specifically state the effective date, the proposed change in utility responsibility and/or source of utility, and the proposed rent amount.
3. A copy of the new executed lease outlining the new utility responsibility and/or source of utility.
4. The effective date of the lease must match the effective date of the proposed change.

Upon receipt of the required documents CGI will run a Rent Reasonableness report to determine the new contract rent amount. If a rent increase is not approved, CGI will send a denial explaining why we are unable to process your request. A new request must be submitted, and this may change the effective date of the request.

**Please Note: If the Rent Reasonableness determination results in a downward change in rent, your contract rent amount may be subject to a reduction.**

If any questions or concerns arise, please contact the Occupancy Department at:  
[cmha.rentreviewrequest@housing.systems](mailto:cmha.rentreviewrequest@housing.systems)

**RENT INCREASE REQUEST FORM**

Tenant Name: \_\_\_\_\_ Client #: \_\_\_\_\_  
 Unit Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Email: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Request Type (Check one or both): Rent Increase  Utility Change   
 Effective Date (mm/dd/yyyy): \_\_\_\_\_ Current Rent: \_\_\_\_\_ Requested Rent: \_\_\_\_\_

**UNIT INFORMATION**

Building Type (Select one): Semi-Detached  Single Family  Townhouse/Rowhouse   
 Low/High Rise  Manufactured/Mobile Home   
 # of Bedrooms: \_\_\_\_\_ Year Built: \_\_\_\_\_ Approx. Sq. Ft.: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

**UNIT AMENITIES (Check all that apply)**

Refrigerator provided by Owner  Stove provided by Owner   
 Onsite Laundry Facilities  Washer & Dryer in unit  Patio/Deck/Balcony/Private Yard   
 Recreational Resources/Pool/Community Area  Central A/C:   
 Parking: Off-street/private parking/garage  Street   
 Have any major renovations made to unit? Yes  No   
 If yes, please check what was completed and list the year the renovation was made:  
 New wiring throughout - Year: \_\_\_\_\_  New flooring throughout - Year: \_\_\_\_\_  
 New kitchen cabinets - Year: \_\_\_\_\_  New plumbing throughout - Year: \_\_\_\_\_  
 New roof - Year: \_\_\_\_\_  Other: \_\_\_\_\_ Year: \_\_\_\_\_

**UTILITIES (Check fuel type AND enter paid by/provided by "O" for Owner or "T" for Tenant)**

**Heating:** Natural Gas  Bottled Gas  Electric  Heat Pump  Paid by: \_\_\_\_\_  
**Cooking:** Natural Gas  Bottled Gas  Electric  Paid by: \_\_\_\_\_  
**Water Heating:** Natural Gas  Bottled Gas  Electric  Paid by: \_\_\_\_\_  
**Other Electric (paid by):** \_\_\_\_\_ **Water (paid by):** \_\_\_\_\_ **Sewer (paid by):** \_\_\_\_\_  
**Trash Collection**  (paid by): \_\_\_\_\_ **Air Conditioning**  paid by: \_\_\_\_\_  
*(Do not check if unit does not have central air)*

I certify that the information provided within this rent review form is complete and accurate to the best of my knowledge. The requested rent is not greater than the rent for any other comparable unassisted units in the building or the area. I understand that this request may result in an increase in the tenant's rent portion, and I cannot collect on the rent increase amount prior to receiving CMHA/CGI approval. I also understand that the contract rent is subject to a rent reasonableness review and may be reduced if it exceeds rents charged for other comparable unassisted units.

Owner Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_