



ECKAN
East Central Kansas Economic Opportunity Corporation

ECKAN Housing Authority
P.O. Box 40; 1320 S Ash Suite 101
Ottawa, Kansas 66067
(785) 242-7453 ~ (785) 229-3103 fax

Rent Increase Request Form

PART I: Landlord /Agent Information

Owner: _____
 Managing Agent: _____
 Address: _____

 Phone #: _____
 Email Address: _____
 Fax: _____

PART II: Tenant Information

Names in Household: _____

 Address: _____

 Phone #: _____
 Email Address: _____

PART III: Rent Increase Information

Current Rent Charged to Family \$ _____
 Rent Increase Requested \$ _____
 New Requested Rent Amount \$ _____ Effective Date: _____

Rent must be considered reasonable for market locations. Owners must provide documentation to show reasons why rent must exceed over \$50 annual limit. **(\$50 or less, please complete Page one ONLY)**

Rent increases will go into effect on the first of the month following the 60-day period after the owner notifies the PHA of the rent change or on the date specified by the owner, whichever is later.

Reason for Increase (Above \$50, you must attach documentation to substantiate your request.)

- A. Lease Renewal B. Fuel Cost Passalong C. Rent Restructuring from _____ to _____
 D. Major Capital Improvements E. Other _____

PART IV: Landlord Certification and Acknowledgement

I, _____, Managing Agent for: _____
 certify that the requested rent increase is correct to the best of my knowledge and the Housing Choice Voucher lease addendum executed between tenant and I as owner/managing agent remains in effect. Furthermore, I understand that if this increase is approved and executed it will serve to amend the Housing Assistance Payment (HAP) Contract. Except where noted, all other rights and obligations stated in the Housing Assistance Payment Contract remain in effect.

 Landlord/Managing Agent

 Date Submitted

In order to approve the proposed rent or rent increase for an assisted unit, the Housing Authority must determine that the proposed rent amount is reasonable, meaning that it does not exceed rents currently charged on new leases by the same owner for an equivalent unit in the same building or complex, and it is comparable to rents currently charged by other owners for similar units in the private market.

The Housing Authority includes a rent reasonableness test in making this determination. The proposed rent is evaluated against the rent of comparable units leased in the current (within the last 12 months) market. Units are comparable if they are located in the same area, have the same number of bedrooms, are of the same unit type (apartment, house, duplex, condo or townhouse), and are similar in terms of facilities, quality, age and amenities.

Owners have the option to appeal the Housing Authority's determination and may do so by submitting their own comparable rent figures. All rent comparables submitted are subject to Housing Authority verification. Verified rent comparables submitted by the owner will be included in a comprehensive average of area rents to determine rent reasonableness. The Housing Authority's determination of the appeal is final.

PART 1: ASSISTED UNIT INFORMATION. If the property consists of multiple (2 or more) units, you must attach a copy of the property's current rent roll and indicate any subsidized units.

Owner Name		Owner Phone Number(s)		Proposed Rent	
Street Address Unit #		City		State	Zip
Unit Type (apartment, house, duplex, condo or townhouse)		Number of Units in Building/Complex		Year Built	Year Last Rehab
# of Bedrooms	# of Bathrooms	Amenities and Services (see codes)		Unit/Property Quality (check one):	
				<input type="checkbox"/> Excellent (new or completely renovated) <input type="checkbox"/> Good (well maintained and/or partially renovated) <input type="checkbox"/> Fair (some repairs and/or minor maintenance may be necessary)	

PART 2: COMPARABLE UNIT #1 If the assisted unit is located at a property consisting of multiple units, one comparable unit MAY be from the same property, if a rent roll is attached.

Owner Name		Owner Phone Number(s)		Date Unit Leased	Same Property As Assisted?	Current Rent
Street Address Unit #		City		State	Zip	
Unit Type		Number of Units in Building/Complex		Year Built	Year Last Rehab	Subsidized/Assisted Unit (Y or N)
# of Bedrooms	# of Bathrooms	Amenities and Services (see codes below)		Unit/Property Quality (check one):		
				<input type="checkbox"/> Excellent (new or completely renovated) <input type="checkbox"/> Good (well maintained and/or partially renovated) <input type="checkbox"/> Fair (some repairs and/or minor maintenance may be necessary)		
Onsite Manager (Y or N)?						
If so, indicate manager's hours, and phone number if different from owner						

PART 2: COMPARABLE UNIT #2 If the assisted unit is located at a property consisting of multiple units, one comparable unit MAY be from the same property, if a rent roll is attached.

Owner Name		Owner Phone Number(s)	Date Unit Leased	Same Property As Assisted?	Current Rent
Street Address Unit #		City	State	Zip	
Unit Type		Number of Units in Building/Complex	Year Built	Year Last Rehab	Subsidized/Assisted Unit (Y or N)
# of Bedrooms	# of Bathrooms	Amenities and Services (see codes below)	Unit/Property Quality (check one):		
			<input type="checkbox"/> Excellent (new or completely renovated) <input type="checkbox"/> Good (well maintained and/or partially renovated) <input type="checkbox"/> Fair (some repairs and/or minor maintenance may be necessary)		
Onsite Manager (Y or N)?					
If so, indicate manager's hours, and phone number if different from owner					

PART 2: COMPARABLE UNIT #3 If the assisted unit is located at a property consisting of multiple units, one comparable unit MAY be from the same property, if a rent roll is attached.

Owner Name		Owner Phone Number(s)	Date Unit Leased	Same Property As Assisted?	Current Rent
Street Address Unit #		City	State	Zip	
Unit Type		Number of Units in Building/Complex	Year Built	Year Last Rehab	Subsidized/Assisted Unit (Y or N)
# of Bedrooms	# of Bathrooms	Amenities and Services (see codes below)	Unit/Property Quality (check one):		
			<input type="checkbox"/> Excellent (new or completely renovated) <input type="checkbox"/> Good (well maintained and/or partially renovated) <input type="checkbox"/> Fair (some repairs and/or minor maintenance may be necessary)		
Onsite Manager (Y or N)?					
If so, indicate manager's hours, and phone number if different from owner					

Amenities and Services Codes:

- | | | |
|---------------------------|-----------------------|----------------|
| 1. Stove in unit | B. Dining room | H. Pool |
| 2. Refrigerator in unit | C. Den | I. Security |
| 3. Carpet | D. Laundry facilities | J. Garage |
| 4. Drapes | E. Air conditioner | K. Fenced yard |
| 5. Water included | F. Dishwasher | L. Gardener |
| 6. Trash included | G. Fireplace | |
| 7. Electricity included | | |
| 8. Gas included | | |
| 9. All utilities included | | |