

CHESTER HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
 1111 AVEUNE OF THE STATES, CHESTER PA 19013
 610-876-5561 EXT 109 / 610-499-5494 FAX
 ATTENTION W.CHARLES
 RETURN ASAP

ANNUAL RENT ADJUSTMENT FORM

Both the tenant and the CHA must receive a 60-day written notice of any proposed change in the lease. Rent increases are effective on the anniversary date of the HAP Contract. Rents are approved based on the market rents for units of comparable size, condition, location, amenities and services.

Note: If the gross rent is greater than the payment standard for the family's approved unit size, a rent increase will increase the amount owed by the tenant. When this occurs, the family was already receiving the maximum allowable subsidy based on their income and family size.

Contract Anniversary Date: _____ **2011**

Tenant Name: _____

Unit Address: _____

City, State, Zip: _____

of Bedrooms: ____ **# of Bathrooms:** Full ____ Partial ____

Current Rent: \$ _____

Proposed Rent: \$ _____

Reason(s) for Rent Adjustment:

Increase in Property Taxes \$ _____

Increase in Insurance \$ _____

Extraordinary Maintenance \$ _____

<u>Utilities/Appliances</u>		
<u>Included</u>		
Heat	Yes	No
Hot Water	Yes	No
Electric	Yes	No
Water	Yes	No
Sewer	Yes	No
Stove	Yes	No
Refrigerator	Yes	No
Microwave	Yes	No
Dishwasher	Yes	No
Washer	Yes	No
Dryer	Yes	No
Other Amenities/ Services	_____	
Will there be any changes in the utilities, appliances, or other amenities provided in the coming year? Yes No _____		

Please describe extraordinary repairs in the last year or since the last rent increase.

Property Upgrades

Please describe improvements in the last year or since the last rent increase.

Comparable Unit Information

Comparable unassisted units at or above the proposed rent:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

(The CHA may request additional documentation from the owner to support proposed rent increase)

Certification:

I hereby certify that the foregoing information is correct and no changes to the lease will be made without a 60-day written notice to the Tenant and Chester Housing Authority. I understand that inquiries may be made to certify facts and statements contained herein.

Print name: _____ **Daytime Telephone** _____

Signed: _____ **Date:** _____