



RENT INCREASE REQUIREMENTS/INSTRUCTIONS

All requests for rent increase must be submitted to the Housing Choice Voucher program on CHA-approved forms and within the CHA-prescribed timeframes. Rental increases should be emailed to: rentalincrease@cha-nc.org to ensure faster processing. One (1) completed “Request for Rent Increase” form must be submitted for each (1) assisted unit for which a rental increase is being requested.

To be eligible for a rent increase, all requests must meet the following:

1. Rent increases are processed every 12 months. Duplicate requests or requests received less than 8 months since last approved rent increase are subject to rejection. **As an example, last rent increase effective August 1st, 2017. New increase should be submitted no earlier than April 1, 2017 and will be effective August 1st, 2018.**
2. All outstanding Housing Quality Standards (HQS) deficiency items that the landlord/owner is responsible for correcting should be corrected prior to receipt of a request for increase. If less than 5 days remaining until re-inspection date, the rent increase request may be reviewed for rejection.
3. The assisted unit’s payments must not be in abatement or HAP contract termination status
4. If you are submitting rent comparables along with your request, the rent comparable units should reflect the following:
 - a. Have an equal number of bedrooms;
 - b. Be located within the same zip code or census tract;
 - c. Be of the same type structure (e.g., brick, aluminum, siding, stucco).
 - d. Comparables cannot be HCVP (Section 8) participants, or any other unit attached to a subsidized program.

***All rent comparables submitted are subject to CHA verification and approval.**

Within sixty (60) business days of the HAP contract anniversary date or date of receipt of request (whichever applies), the CHA will approve or reject a rental increase request.

Please read: A landlord/owner may appeal the CHA’s decision to reject the request (in whole or part) for **reasons other than:** (a) insufficient funds to support the request or; (b) where a request has been submitted for an amount above the established percent increase allowed. The established percentage amount is 2% if the gross rent exceeds (greater than) the payment standard assigned to the family. If the gross rent does not exceed the payment standard assigned to the family, an amount not to exceed 10% will be approved. Note: Gross rent is the current rent and the utility allowance assigned to the unit. The payment standard is based on the lessor of the family’s voucher size or unit size. Example: A family could have a 2-bedroom voucher and reside in a 3-bedroom unit, the payment standard would be based on the 2-bedroom voucher in this example.

Appeals other than reasons above, should be in writing and must be received by the Housing Choice Voucher program within (5) business days of the date of the rejection notice. Please send appeals to chankerson@cha-nc.org.



Charlotte Housing Authority
REQUEST FOR HCV RENTAL INCREASE

Landlord Information

Landlord/Owner Name: _____ Phone #: _____

Mailing Address: _____ Email Address: _____

Participant Information

Family Name : _____ Current Contract Rent: _____
 Street Address: _____ Does lease allow for rent increases? Yes No
 Unit # _____ City _____, St. _____, Zip _____
 Contract Effective Date: _____ **Tax Credit sites: rent "cap" for unit size: \$ _____**
 *Desired New rent amount: \$ _____

Property Information

Structure Type: (check one)

- High Rise (5 or more stories) Low Rise (3-4 stories) Row House/Town House/Condo
 Duplex/Two Family Single Family

of Bedrooms _____ # of Bathrooms _____ Sq. Footage _____ Year Built _____

(Do not include garage, storage or other non-livable space in SQ. FT.)

Amenities Provided by Owner: (check all that apply)

Laundry Type: Washer/Dryer Washer Dryer Washer/Dryer Connections Onsite Laundry

Dishwasher: Yes No **Garbage Disposal:** Yes No **Age Restricted:** Yes No

Security System (does not have to be activated): Yes No

Parking Type: 1-Car Garage 2-Car Garage 3-Car Garage Street Open Driveway Assigned
 Un-Assigned 1 Covered Space 2 Covered Space

Microwave: Yes No **Fireplace:** Yes No

Swimming Pool: Yes No **Ceiling Fan(s):** Yes No

Fenced Yard: Yes No **Cable Included:** Yes No **Gated Community:** Yes No

Exterior Features: Porch Balcony Deck Patio **Lawn Service:** Yes No

Utility Arrangements: For **appliances**, please reflect Tenant/Owner per who is providing it

Utility	Source	Paid by (Tenant/Owner)	Utility	Source	Paid By (Tenant/Owner)
Heating	Natural Gas		Water Heating	Natural Gas	
	Bottle Gas			Bottle Gas	
	Oil/Electric			Oil/Electric	
	Coal/Other			Coal/Other	
Cooking	Natural Gas		Water		
	Bottle Gas		Sewer		
	Oil/Electric		Trash		
	Coal/Other		Range/Microwave		
Other Electric			Refrigerator		
Air Conditioning			Other (specify)		

I certify that the above information is true and accurate and I understand that the CHA may confirm the validity of this information. If the CHA confirms that any portion of the above is found to be untrue the CHA may reject the increase in part or total.

Owner Signature

Date

Comparables:

(1) Address: _____, _____, NC _____
of Bedrooms: _____ # of Bathrooms: _____ Sq.Ft.: _____ Rent: _____ Structure
Type _____
Owner Name: _____ Contact #: _____

(2) Address: _____, _____, NC _____
of Bedrooms: _____ # of Bathrooms: _____ Sq.Ft.: _____ Rent: _____ Structure
Type _____
Owner Name: _____ Contact #: _____

(3) Address: _____, _____, NC _____
of Bedrooms: _____ # of Bathrooms: _____ Sq.Ft.: _____ Rent: _____ Structure
Type _____
Owner Name: _____ Contact #: _____

*(Do not include garage, storage or other non-livable space in Sq. Ft. estimation)

I certify that the above is true and accurate and that the rent increase requested is reasonable according to the provided comparables. I understand that the CHA may confirm the validity of this information and may reject the increase in part or whole.

Owner Signature

Date

Appeals: Please review Instruction sheet for Appeal information

FOR CHA USE ONLY

Approved Staff Signature: _____
_____ New Rent Approved _____ Effective Date of Increase _____ %
Increase _____ Date Request Received _____ Date Request Acknowledged

Denied Staff Signature: _____
_____ Date Request Received _____ Date Request Acknowledged
_____ Reason number (s) for Denial