



## **RENT INCREASE REQUIREMENTS/INSTRUCTIONS**

All requests for rent increases must be submitted to the Housing Choice Voucher program on CHA-approved forms within the CHA-prescribed timeframes. Rental increases should be emailed to: [rentalincrease@cha-nc.org](mailto: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:

- **Rental increase requests may not be submitted more than once in a calendar year.**
- **Submit no sooner than 90 – 120 days prior to the effective date of the last increase.**
- **If you are renewing your lease, please provide CHA a copy of the lease renewal.**
- **The assisted unit must not be in abatement or HAP contract termination status.**
- **No duplicate submissions**

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, CHA will approve or reject a rental increase request. **Please be sure that you issue your tenant a 60-day notice indicating the amount you wish to increase the rent to and the effective date of the increase and provide a copy of this notice to the Housing Authority. If you execute a new lease please provide a copy of the new lease also.**

**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. 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](mailto: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 **Microwave:**  Yes  No  
**Parking Type:**  1-Car Garage  2-Car Garage  Covered Space  Driveway  Unassigned  
**Swimming Pool:**  Yes  No **Stove:**  Yes  No **Refrigerator:**  Yes  No  
**Exterior Features:**  Porch  Balcony  Deck  Patio **Lawn Service:**  Yes  No

**Utility Arrangements:**

**Heating Fuel**  Gas  Electric  Oil  Bottle Gas/Propane  Owner  Tenant  
**Cooking Fuel**  Gas  Electric  Oil  Bottle Gas/Propane  Owner  Tenant  
**Hot Water**  Gas  Electric  Oil  Bottle Gas/Propane  Owner  Tenant  
**Water**  City  Well  Owner  Tenant  
**Sewer**  City  Septic Tank  Owner  Tenant  
**Cooling System**  Central  Window Unit  Heat Pump  
**Heating System**  Central  Heat Pump  Baseboard  Boiler  Radiator  Wall Unit

*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