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**Charlotte Housing Authority**  
*Building Community, People & Partnerships*

## **RENT INCREASE REQUIREMENTS**

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](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:

1. The request for rent increase may not be submitted more than sixty (60) calendar days before the anniversary date of the HAP contract effective date and not later than thirty (30) calendar days after the HAP contract effective date.
2. All outstanding Housing Quality Standards (HQS) deficiency items that the landlord/owner is responsible for correcting must be corrected prior to receipt of a request for increase.
3. The assisted unit must not have any landlord rent abatement violations issued by the CHA within twenty-four (24) months prior to the request.
4. The landlord/owner must provide written proof that all outstanding mortgages against the assisted rental unit are current as of the month of the written request for the increase.
5. The landlord/owner must provide written proof that all assessed taxes against the assisted rental unit is current as of the tax billing period of the written request for increase.
6. The landlord/owner must provide a minimum of three (3) comparable housing units for each one unit for which a rent increase is being requested.
7. Rent comparable units must at a minimum match the target unit in the following areas:
  - 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 subsidized unit

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.

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.

All appeals must be in writing and must be received by the Housing Choice Voucher program within (5) business days of the date of the rejection notice and must be accompanied with sufficient documentation to support the reason(s) for the appeal.

For questions relating to a request for rent increase, please contact the Inspection Department Manager!



**Charlotte Housing Authority**  
**REQUEST FOR HCV RENTAL INCREASE**

**Landlord Information**

Landlord/Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Tax I.D./SSN: \_\_\_\_\_

**Participant Information**

Family Name : \_\_\_\_\_ Current Contract Rent: \_\_\_\_\_ Street  
 Address: \_\_\_\_\_ Does lease allow for rent increases? Yes No  
 Unit # \_\_\_\_\_ City \_\_\_\_\_, St. \_\_\_\_\_, Zip \_\_\_\_\_  
 Contract Effective Date: \_\_\_\_\_ If applicable, Maximum 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-Carport   2-Carport   1-Car Garage   2-Car Garage   3-Car Garage   Street   Open   Covered  
                          Driveway   Assigned   Un-Assigned (Apts/Condos/Townhouses)  
                          1 Space   2 Space   3 Spaces (Apts/Condos/Townhouses)  
 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 (Apts/Condos/Townhouses)  
 Exterior Features: Porch   Balcony   Deck   Patio

**Utility Arrangements:**

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

Request for Rent Increase Revised 01/20/2017

**Reason(s) for Request:**

\_\_\_\_\_  
\_\_\_\_\_

**Comparables:**

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

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

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

\*(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:**

The CHA will consider appeals of its decision to reject a rent increase in part or whole. Appeals must be submitted in writing. Participation in the CHA Housing Choice Voucher program is voluntary and thus approval of a rent increase is not a statutory or regulatory requirement for administration of the program!

*\*CHA does encourage housing providers to request rental increases at least 60 days before the lease renewal date. This will enable timely processing and allow for a 30 day notice if the tenant portion of rent paid is impacted.*

**FOR CHA USE ONLY**

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

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