



## **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. One 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 one hundred and fifty (**150**) 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. Have total living space that is within (**50**) square feet of living space of the target unit; and
  - d. Be of the same type structure (e.g., brick, aluminum, siding, stucco).
  - e. Comparables cannot be HCVP (Section 8) participants.

All rent comparables submitted are subject to CHA verification and approval. The CHA will acknowledge receipt of all requests in writing within five (**5**) business days of receipt.

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. The CHA may approve a landlord/owner request for rent increase for up to **2%** above the current contract rent amount based on the comparables submitted, the results of the most recent HQS inspection and availability of funds.

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 on CHA-approved forms, 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? Unit # City, St., Zip: Contract Effective Date: Requested Increase Amount: \*Desired Effective Date:

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:

Table with 7 columns: Utility, Source, Paid by (Tenant/Owner), Utility, Source, Paid By (Tenant/Owner). Rows include Heating, Cooking, Other Electric, Air Conditioning, Water Heating, Water, Sewer, Trash, Range/Microwave, Refrigerator, 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

**Reason(s) for Request:**

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**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 on CHA provided forms. 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**

<input type="checkbox"/> Approved Staff Signature: _____ _____ New Rent Approved _____ Effective Date of Increase _____ % Increase _____ Date Request Received _____ Date Request Acknowledged ----- <input type="checkbox"/> Denied Staff Signature: _____ _____ Date Request Received _____ Date Request Acknowledged _____ Reason number (s) for Denial
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