



**RENT INCREASE / UTILITY CHANGE REQUEST FORM**

Submit this completed form to the Everett Housing Authority for all requests to increase rent. Email this form to [rentincrease@evha.org](mailto:rentincrease@evha.org). A 60-day notice (from the first day of a month) is required for all rent increases.

PLEASE NOTE: Incomplete forms will not be processed

**Rental Property Details**

Tenant Name: \_\_\_\_\_

EHA Client Number: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Rent Increase Request**

Requested Rent Amount: \_\_\_\_\_ Month-to-Month Requested Rent Amount: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Is this a tax credit property?  Yes  No

If yes, do you charge the same rent for Section 8 and Non-Section 8 tenants?  Yes  No

If yes, what set aside percentage to you use? % \_\_\_\_\_

**Property Information**

The program regulation requires EHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number (of unassisted comparable units)	Date Rented	Rental Amount
1.		
2.		
3.		

Do you charge this client an additional fee for any unit or community amenities?  Yes  No

If yes, please explain what amenity and how much extra you charge: \_\_\_\_\_  
\_\_\_\_\_

Have you made any capital improvements in the last year?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Utilities**

Are the utility responsibilities changing?  Yes  No

**If yes, please complete the section below.** You will be asked to execute a new Housing Assistance Payment (HAP) contract and lease. New lease dates – Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Utility Responsibility** (The table below should reflect what the utility responsibility will be after processing this request.)

Utility Item	Utility Source						Who Pays?						
Heating Fuel	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant	
Cooking Fuel	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant	
Hot Water Fuel	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant	
Other Electric (general electricity)										<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant
Trash										<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant
Water	<input type="checkbox"/>	City Water			<input type="checkbox"/>	Well Water			<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant	
Sewer	<input type="checkbox"/>	Public Sewer			<input type="checkbox"/>	Septic Tank			<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Tenant	