

# CMHA - HOUSING CHOICE VOUCHER PROGRAM - Rent Adjustment Request

**IMPORTANT NOTICE:** When you submit a rent adjustment request, a rent reasonableness test will be conducted. If the results of this test indicate that an amount less than your current contract rent should be paid, CMHA-HCVP is required to reduce your contract rent accordingly. This is mandated by the Code of Federal Regulations (CFR) §982.707(4) which states: "At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA."

## Landlord/Agent, please note the following procedures and requirements for processing rent adjustment requests.

- Rent increases take at least 60 days to process.
- The proposed effective date will be the first day of the month following 60 days of receiving the request.
- No rent increases can occur during the first 12 months of a new contract, and in the case of a rent decrease it may be submitted and effectuated immediately.
- Only one rent increase request per unit will be processed by this agency during any 12-month period.
- For a multi-family apartment building or complex having more than 4 units, you are encouraged to enter your market rate and non-subsidized units to be used as comparables at AffordableHousing.com - <https://www.affordablehousing.com/>.
- Rent increases will not be approved until any failed items identified by the most recent HQS inspection have been corrected. The final rent increase effective date will be based on when the unit passes the inspection.

## Tenant and Landlord/Agent, please note the following:

- The landlord must make the tenant aware of the rent increase request. The tenant may be responsible for a portion of or all of the increased amount. The request form must be signed by both the landlord and tenant.
- A proposed lease addendum will be sent when there is a negative impact (increased tenant portion or decreased utility reimbursement) on the tenant, or the approved rent is less than the requested rent. The form is to be signed by the landlord and tenant.

Date of Request: \_\_\_\_\_

My current contract rent is: \$\_\_\_\_\_ per month.

I would like to increase the rent to: \$\_\_\_\_\_ per month. \*\*\*

\*\*\*If any short-term lease fees are imposed on a tenant who chooses not to execute a new 12-month lease, those fees must be included in the total rent increase request amount and will be included in the analysis of rent reasonableness. If such rent is approved and the tenant subsequently signs a lease, the landlord MUST notify CMHA immediately and submit a rent DECREASE request so that the rent may be re-adjusted accordingly.\*\*\*

### The following information must be provided:

Landlord Telephone No.

Client Telephone No.

Landlord Email Address

Client Name & Client No. (PRINTED)

Landlord Name (PRINTED)

Client Signature

Landlord's SIGNATURE

Unit Address

Landlord Address

**Mail completed forms to [rentadjustment@cmha.net](mailto:rentadjustment@cmha.net)**

CMHA'S Housing Choice Voucher Program provides reasonable accommodations to persons with disabilities. If you need an accommodation, including auxiliary aids and/or services, please contact us at 216-431-1471 (voice) or 1-800-750-0750 (Ohio Relay Service).  
Este documento está disponible a petición para interpretación o traducción al Español de gratis.

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