HOUSING CHOICE VOUCHER PROGRAM – CMHA Rent Adjustment Request

Please complete and submit this form to initiate your formal request for a rent increase/decrease.

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 generally 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 3 or more units under the Building Rent Program, please include a building rent form, and current rent schedule *or* a rent roll along with this request. It cannot be more than 1 (one) year old.
- Your unit must have a passed annual inspection not more than 1-year old in effect on the proposed effective date of your rent increase. If not, the final rent increase effective date will be based on when the unit passes the inspection.

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

- The landlord must make the tenant aware of the rent increase request. They 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.
- The proposed lease addendum must be signed by both the landlord and tenant accepting the approved rent increase.
- The tenant must have a current annual re-certification.

Type of Request: ☐ **Rent Increase** ☐ **Rent Decrease**

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 my be re -adjusted accordingly.

The following information must be provided:

Landlord Telephone No.

Landlord Email Address

Landlord Name (PRINTED)

Landlord's SIGNATURE

Landlord Address

Client Telephone No.

Client Name & Client No. (PRINTED)

Client Signature

Unit Address

Completed forms may be emailed to 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).
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