



## Rental Adjustment Procedure

After the anniversary date of the first year of the lease and Housing Assistance Payment (HAP) contract, owners may request an adjustment in the contract rent.

The rental adjustment will only be applied to those tenants who have surpassed the one-year mark of their tenancy. We require a 60 day advance notice in writing to both the tenant and Houston Housing Authority in order to approve the rental adjustment. If proper notice to the client or the Houston Housing Authority is not provided, the rental adjustment can not be effective on the date requested. Once we receive the proper notice, we will inform you of the new effective date.

Owners and Managers are **required** to submit **three (3)** documents in order for the Houston Housing Authority to process a rent adjustment, **1) the Houston Housing Authority 'Landlord Rent Adjustment Request Form'** which is available in our front lobby, **2) a copy of the written rent increase notice to the client**, and **3) a copy of the most recent lease agreement between you and the client**. This is to be submitted to: Houston Housing Authority, P. O. Box 2561 Houston, TX 77252-2971. Indicate on the outside of the envelope – 'Rent Adjustment Request', or you may drop it off at the Houston Housing Authority's reception desk and receive a receipt.

Each unit will be processed individually for a rental adjustment. If an owner/manager has more than one unit and wants a rental adjustment on several units at the same time, the Rental Adjustment Procedure will be followed for each individual unit. The owner/manager will need to submit both the Houston Housing Authority 'Landlord Rent Adjustment Request Form' and a copy of the written rent increase notice for each client. Group rent adjustments are **not** allowed.

The rental adjustment request will then go through the Rent Reasonableness Process. Once rents have been approved and deemed reasonable by our market analyst, we will process the rental adjustment request.

**Houston Housing Authority**  
**Section 8 Housing Choice Voucher Program**  
**P. O. Box 2561**  
**Houston, Texas 77252-2561**

**REQUEST FOR RENTAL ADJUSTMENT FORM**

OWNER INFORMATION	CLIENT INFORMATION
Owner's Name:	Client's Name:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
Telephone Number:	Telephone number:
<b>Request Rent:</b> <b>Vendor Number:</b>	<b>Current Rent:</b> <b>Client Number:</b>

**1. Building Type:**

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Manufactured Home (Mobile)	Number of Bedrooms: _____	Number of Bathrooms: _____
<input type="checkbox"/> Duplex (two combined one story units)	<input type="checkbox"/> Townhouse		
<input type="checkbox"/> Garden/Walk-up Apartments		Square Footage: _____	Year Built: _____
<input type="checkbox"/> Congregate/SRO			

**2. Amenities/Utilities:** Please circle **each** amenity where applicable.

**PLEASE DO NOT MARK IN SHADED AREA**  
The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for utilities and appliances indicated below by a "T".

	Yes	No		Utility	Specify Fuel Type	Provided by	Paid by	
Carpets								
Fireplace								
Air Conditioning	Central	Window		Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric			
Disposal	Yes	No						
Dishwasher	Yes	No		Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric			
Microwave (if provided by owner)	Yes	No						
Ceiling Fan(s)	Yes	No		Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric			
Handicap Accessibility	Yes	No						
Garage	One Car	Two Car		Other Electric				
Security Door/Windows	Yes	No						
Playground	Yes	No						
Pool	Yes	No		Water				
Carport	Yes	No						
Laundry Facilities/ W & D Hook ups	Yes	No		Sewer				
Washer/Dryer (if provided by owner)	Yes	No						
Enclosed Balcony/Patio/Storage Room	Yes	No		Trash Collection				
Gated complex/Community	Yes	No						
Pest Control (if serviced by owner)	Yes	No		Air Conditioning				
Assigned parking, # of spaces _____	Yes	No						
Lawn Care (if serviced by owner)	Yes	No		Refrigerator				
Heating Source                      Central                      Wall                      Space				Range / Microwave				
Other:								

**3. Unassisted Units:**

**If complex has three or more units of same bedroom/bath size, provide three comparable data below on unassisted units that are in the same complex for units currently leased within one year of this request.**

Are all units assisted  Yes  No                      Individually Owned:  Yes  No

<b>Comparable #1</b>	Rent Amount \$	Date Rented	
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)
<b>Comparable #2</b>	Rent Amount \$	Date Rented	
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)
<b>Comparable #3</b>	Rent Amount \$	Date Rented	
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)

**As the Owner, I am aware that:**  
I am not permitted to live in the unit while I am receiving housing assistance payments.  
Are you the parent, legal guardian, child, grandparent, sister, brother, stepparent or stepchild of any member of the tenant family?  Yes  No

\_\_\_\_\_  Owner                       Agent                       Manager

Signature

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

Print Name                      Date                      Telephone Number

Return this form ONLY if you are requesting a rental adjustment. Attach a copy of your notice of rental adjustment to your tenant.  
Please return completed form to the Houston Housing Authority at least 60 days prior to the expiration date of the lease agreement.