CHANGE.
CHICAGO HOUSING AUTHORITY

January 2012

RENT INCREASE REQUEST

*Email this completed form and supporting documents to **PRA@thecha.org** with "**RENT INCREASE**" in the subject line.*
Please prepare a separate sheet for each building and scattered site within the development
Must be Submitted to CHA within 90 days of the Contract Anniversary Date

Development Name

Development Street Address | City, State Zip Code

Owner Name | Telephone # and Email Address

Mailing Address | City, State Zip Code

Contact Person Name | Telephone # and Email Address

*Structure Type | **Building Type | Year Build/Year Rehab

*Structure type definition - Low rise: 3-4 stories including garden apartment, High rise: 5 or more stories.

** Building Type- E for Elevator or WU for Walk-Up

REQUESTING RENT				OFFICE USE ONLY		
Unit Size	Number of Bathrooms	Current Rent	(A) Requested Rent	(B) 300% FMR	(C) Average Rent Comp	Contract Rent (lowest of A, B, C)
SRO		$	$	$	$	$
STUDIO		$	$	$	$	$
1 BEDROOM		$	$	$	$	$
2 BEDROOMS		$	$	$	$	$
3 BEDROOMS		$	$	$	$	$
4 BEDROOMS		$	$	$	$	$
5 BEDROOMS		$	$	$	$	$

Acknowledgement and Signature:

I certify that the information provided on this form is complete and accurate to the best of my knowledge

Print Name:_____ Title _____

Signature: _____ Company: _____

Telephone:_____ Fax:_____

Email:_____ Date: _____

- For Office Use Only

Date Request Received		Date Submitted for Approval		Rent Increase Effective Date	
Vendor ID #		Property ID#			
Last rent increase	$	Date of last rent increase			
Asset Manager Recommended (Signature & Print Name)		Approved by: (Signature)			
Director Recommended (Signature & Print Name)		Name and Title (please Print)			
Date		Date			

CHA attached Exhibit C from the HAP Contract for Utility Responsibilities