



## Housing Choice Voucher Program Rent Increase Request

(Please ensure all sections are filled out completely and legibly.)

**Tenant Information:**

Tenant Name: \_\_\_\_\_ Tenant Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Apartment Number: \_\_\_\_\_ Complex Name (if applicable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Owner Information:**

Owner or Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Agent or Contact Information (if applicable):**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Property Description and Rent Information:**

Number of Bedrooms	Number of Bathrooms	Structure Type	Current Rent	Requested Rent

**Utility Information:** (Check Appropriate Boxes)

Does the information below indicate a change in the utility responsibilities?     Yes     No

Who Pays or Provides?	Owner	Tenant
Electricity		
Heating Fuel		
Water Heating Fuel		
Cooking Fuel		
Water/Sewer		
Trash Collection		
Stove		
Refrigerator		

Fuel Used?	Natural Gas	Electric	Oil
Heating			
Hot Water			
Cooking			

**Tenant Acknowledgement and Signature:**

I have reviewed this form and agree:

- (1) to the new proposed rent
- (2) that the Utility Information above correctly describes who is responsible for paying each utility and who is responsible for providing the stove and refrigerator.

I understand this request may result in an increase in my rent.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner Acknowledgement and Signature:**

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

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return completed request form to: Market Rent Analysis Team:  
 P. O. Box 1406 • Chicago, Illinois 60690-1406  
 Telephone: (312)935-2600      Fax: (312)913-7923