



**REQUEST FOR RENT ADJUSTMENT**

Project Name:  
 Project Address:  
 County:

Owner Name:  
 Owner Address:  
 Date of Request:

Unit Type/ # of Bedrooms	Number of Units	Current Tenant Paid Rent	Current Utility Allowance	Total Current Rent	Requested Rent	Requested Utility Allowance	Total Requested Rent
Group Home							
SRO's							
Efficiency							
1 Bedroom							
2 Bedroom							
3 Bedroom							
4 Bedroom							

**Tenant Paid Utilities (Check All That Apply)**

Electric      Gas      Water      Sewage      Garbage      Fire Fees  
 Other(s) (Specify) \_\_\_\_\_

Proposed/Requested Effective Date of Rent Increase \_\_\_\_\_

**Owners Certification:**

I certify that all the information submitted as part of this form is accurate and agree to accept the affordability restrictions as posed by 24 CFR Part 92.252. I further agree to provide all tenants with a 30-day written notice prior to implementing a rent-increase as proposed, upon final written approval by the West Virginia Housing Development Fund.

**30-day notice to tenants must be given prior to implementing any rent adjustment.**

\_\_\_\_\_  
 Owner's Signature and Title

\_\_\_\_\_  
 Date

For Use of the West Virginia Housing Development Fund Only	
Rent Increase Approved _____	Rent Increase Denied _____
Utility Increase Approved _____	Utility Increase Denied _____
Notes: _____ _____	
_____ West Virginia Housing Development Fund Authorized Signature and Title	_____ Date
Effective Date of Rent Increase: _____	