



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