



HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

501 MOHN STREET | STEELTON | PENNSYLVANIA | 17113
717-939-9301 | FAX 717-939-7947 | TDD 1-800-545-1833 EXT. 304
WWW.DAUPHINHOUSING.ORG

Date \_\_\_\_\_

Owner Name \_\_\_\_\_
Owner Address \_\_\_\_\_
\_\_\_\_\_

Request for Rental Increase
Housing Choice Voucher Program
IMPORTANT - Please Read Carefully

At the time of the tenant recertification, an owner/landlord may request an increase in their contract rent. To make a request for rental increase, this form must be completed and submitted to the HACD Recertification Office at least 90 days PRIOR to the recertification effective date. The tenant's signature is required for the form to be accepted as an official rental increase request. Only one request per year, per tenant, will be processed. This document will be the only acceptable form for a rental increase. Thank you.

Tenant's Name: \_\_\_\_\_ Recertification Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Prior to the approval of any rental increase, the unit must have had passed the most recent HQS Inspection. The new increase rental amount must also be determined reasonable to assure that the rent charged for the unit is comparable with other unassisted units of similar type (24 CFR 982.507). Please note: If the Housing Authority determines that your current contract rent is HIGHER than the Reasonable Rent, you may be asked to decrease the amount.

Please answer the following questions:

- 1. Has the responsibility for any of the utilities been changed during the past year?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what date? \_\_\_\_\_

If yes, what utility(ies) changed? \_\_\_\_\_

- 2. What is the proposed rent amount? \_\_\_\_\_

By executing this request, the owner certifies that the unit is in decent, safe, and sanitary condition, and that he/she is in compliance with the terms and conditions of the lease.

Owner/Landlord Signature \_\_\_\_\_

Date \_\_\_\_\_

Tenant Acknowledgement: I have received this form and verify that the information is accurate. I am aware of the request for increase in the rent, and that this may result in an increase in my portion of the rent.

Tenant/Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

For HACD Staff Use Only:

Approved \_\_\_\_\_ Denied \_\_\_\_\_
HACD Staff Signature \_\_\_\_\_



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### RENTAL INCREASE REQUEST CHART

Rental increase must be submitted within the submission timeframe listed below. Any request submitted outside of the given timeframe will automatically be denied.

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#### EXAMPLE

If the HAP Contract effective date is 1/1/2023, then the Re-certification Month is also 1/1/2023. Therefore, the Rental Increase Request Form must be received in our office between 10/1/2022 and 10/31/2022 for the increase to take effect on 1/1/2023.

<u>Effective Re-certification Date</u>	<u>Rental Increase Submission Date</u>
January	October 1 <sup>st</sup> – October 31 <sup>st</sup>
February	November 1 <sup>st</sup> – November 30 <sup>th</sup>
March	December 1 <sup>st</sup> – December 31 <sup>st</sup>
April	January 1 <sup>st</sup> – January 31 <sup>st</sup>
May	February 1 <sup>st</sup> – February 28 <sup>th</sup>
June	March 1 <sup>st</sup> – March 31 <sup>st</sup>
July	April 1 <sup>st</sup> – April 30 <sup>th</sup>
August	May 1 <sup>st</sup> – May 31 <sup>st</sup>
September	June 1 <sup>st</sup> – June 30 <sup>th</sup>
October	July 1 <sup>st</sup> – July 31 <sup>st</sup>
November	August 1 <sup>st</sup> – August 31 <sup>st</sup>
December	September 1 <sup>st</sup> – September 30 <sup>th</sup>

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**Note: Notification of approval or denial of rental increase is sent by HACD at least 30 days prior to the Recertification Month.**

**If your unit fails the annual inspection for items other than tenant-caused damages, you are not eligible for a rental increase. Your request will be denied.**