



Rental Increase Request Form

RE: _____ (Participants Name)

_____ (Property Address)

To the Arlington Housing Authority,

This is to inform you that for the above referenced tenant:

___ I am requesting that the contract rent be increased to \$ _____.

(Your written request for a rent increase, with rent comparable sheet attached, will be considered when received by housing at least 45-days prior to the contract expiration date. Rent must be reasonable and comparable to similar units).

___ The lease will be reviewed and the contract rent will remain unchanged.

___ The lease will not be extended and the tenant must move by _____.

Owner/Agent

Date

Housing Survey

Housing Choice Voucher Program

Please complete all of the information about the housing unit listed below.

Unit Location

Building Name (optional) _____
Street Address _____ Apt # _____
City, State, ZIP _____ TX _____

Management and Owner Information

Management Information

Managed By Owner
 Management Company
Mgr Name _____
Mgr Phone _____
Is the Owner / Manager On-Site? Yes No

Owner Information

Owner Name _____
Owner Address _____
City _____
State _____ ZIP _____

Unit Size, Cost and Utilities Provided

Size of Unit

Number of Bedrooms _____
Number of Bathrooms _____
Square Footage Above Average
 Average
 Below Average

Lease Information

Current Rent \$ _____
Date Rented _____

Owner Paid Utilities

Check all utilities that are included in the rent

Heat Water Heat Water Trash Collection Refrigerator
 Cooking Other Electric Sewer Air Conditioning Range

Types of Utilities Used

The unit is heated with:

Natural Gas Oil
 Electric
 Bottle Gas

The hot water is heated with:

Natural Gas Oil
 Electric
 Bottle Gas

The stove uses:

Natural Gas Oil
 Electric
 Bottle Gas



Housing Survey

Housing Choice Voucher Program

Unit Type, Quality and Age

Unit Type

Check the one box that best describes the unit

- | | |
|---|---|
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Older Multi-Family |
| <input type="checkbox"/> High Rise | <input type="checkbox"/> Row House/Garden Apt. |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Single Family Detached |
| <input type="checkbox"/> Older Home Converted | |

Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average
 Average
 Below Average

Age

Estimated year of construction or last major renovation _____

Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing Sight
 Mobility
 Other

Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- | | | |
|---|---|---|
| <input type="checkbox"/> (2) Window units | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Screens-door |
| <input type="checkbox"/> 1000 up to Sq. Ft. | <input type="checkbox"/> High quality | <input type="checkbox"/> Screens-window |
| <input type="checkbox"/> 1001 to 1200 Sq. Ft. | <input type="checkbox"/> Large yard | <input type="checkbox"/> Security |
| <input type="checkbox"/> 1201 to 1400 Sq. Ft. | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Security system |
| <input type="checkbox"/> 1401 to 1600 Sq. Ft. | <input type="checkbox"/> Laundry hook ups | <input type="checkbox"/> Social ser/med |
| <input type="checkbox"/> 1601 to 1800 Sq. Ft. | <input type="checkbox"/> LL provides washer/dryer | <input type="checkbox"/> Storage |
| <input type="checkbox"/> 1801 or more Sq. Ft. | <input type="checkbox"/> Microwave/double oven | <input type="checkbox"/> Stores,schools,hosp. |
| <input type="checkbox"/> A/C central | <input type="checkbox"/> Modern refrigerator | <input type="checkbox"/> Storm door(s) |
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> Modern stove | <input type="checkbox"/> Storm windows |
| <input type="checkbox"/> Ceiling Fan(s) | <input type="checkbox"/> On-site Mgmt. | |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> On-site parking | |
| <input type="checkbox"/> Drapes/ Mini blinds | <input type="checkbox"/> Ongoing ext. | |
| <input type="checkbox"/> Except.maint. | <input type="checkbox"/> Ongoing int. | |
| <input type="checkbox"/> Exercise room | <input type="checkbox"/> Party / rec room | |
| <input type="checkbox"/> Extensive rehab | <input type="checkbox"/> Play ground | |
| <input type="checkbox"/> Extra insul. | <input type="checkbox"/> Pool / hot tub | |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Private patio | |
| <input type="checkbox"/> Fireplace/stove | <input type="checkbox"/> Range vent-a-hood | |
| <input type="checkbox"/> Garage / covered parking | <input type="checkbox"/> Rec equipment | |

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 if I furnish false or incomplete information.

Name Signature Date

