



HCVP RENT INCREASE APPLICATION

LANDLORD CONTACT INFORMATION

Landlord/Agent Name: _____
Property Name: _____
Mgmt Company: _____
Email: _____
Phone #(s): _____

RENTAL PROPERTY LOCATION

Tenant Name: _____
Unit Address: _____
Unit/Apt #: _____
City, State, Zip: _____
County: _____

PROPERTY INFORMATION

Rent Amount Requested: \$ _____
Requested Start Date of Change: _____
of Bedrooms: _____ # of Baths: _____

Parcel #: _____
Obtain from tax bill, Areis.asp or call tax dept 419-213-4305
Year Built: _____ Square Footage: _____

PROPERTY TYPE (check one)

House Townhouse/Villa Apartment Condo Mobile Home Row House Duplex Triplex 4Plex

AMENITIES AND ACCESSIBILITY

<u>Indoor:</u>	<u>Laundry Type:</u>	<u>Heat Type:</u>	<u>Kitchen:</u>	<u>Outdoor:</u>
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> W/D Hook-ups	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Furnished	<input type="checkbox"/> Washer	<input type="checkbox"/> Boiler	<input type="checkbox"/> Stove	<input type="checkbox"/> Gated Community
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Dryer	<input type="checkbox"/> Radiator	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Lawn Care Included
<input type="checkbox"/> Cable Included	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Window/Wall	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Trash Removal Included
<input type="checkbox"/> Security System	<input type="checkbox"/> Onsite Laundry	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Microwave	<input type="checkbox"/> Fenced Yard
Other _____		<input type="checkbox"/> Space Heater	Other _____	
Other _____		<input type="checkbox"/> Central Furnace	Other _____	

Parking:

1 Car Carport Unassigned
 2 Car Carport Assigned
 3 Car Carport Driveway
 1 Car Garage Street
 2 Car Garage None

Exterior:

Balcony
 Deck
 Patio
 Porch

Other:

Age Restriction
 Pest Control Incl.
 Accessibility:
Describe: _____

Cooling Type:

Central
 Window/Wall
 None

Paid By:

Tenant Landlord

Heating Fuel Type:

Gas
 Electric
 Propane

Paid By:

Tenant Landlord

Cooking Fuel Type:

Gas
 Electric
 Propane

Paid By:

Tenant Landlord

Hot Water Type:

Gas
 Electric
 Propane

Paid By:

Tenant Landlord

Water Source:

Well Water
 City Water

Paid By:

Tenant Landlord

Sewer Type:

Septic Tank
 Public Sewer

Paid By:

Tenant Landlord

Electric Paid By:

Tenant Landlord

Fill out this form entirely and email as an attachment with tenant name/address in email subject line to: rentincrease@lucasmha.org

Landlord & Tenant must both sign & date Rent Increase Guidelines on the back of this form to be accepted.

