



Rent Increase Application

Fill out this form in its entirety and submit via mail, fax, email or in person. →

By mail or in person to:
LMHA-HCV Rent Increase
211 S. Byrne Road
Toledo, OH 43615

By email to:
rentincrease@lucasmha.org
By fax to:
419-246-3181

LANDLORD CONTACT INFORMATION

Landlord/Agent Name: _____

Property Name: _____

Mgmt. Company: _____

Email: _____

Primary Telephone Number: (____) _____

Alternate Telephone Number: (____) _____

PROPERTY LOCATION (STEP 1)

Tenant Name: _____

Address: _____

Unit Number: _____

City: _____ State: _____

Zip: _____ County: _____

Email: _____

Phone: _____

PROPERTY INFORMATION (STEP 2)

Rent Amount Requested: \$ _____	Requested Start Date of Change: _____	Bedrooms: ____ Baths: ____	Year Built: _____ Square Footage: _____	Parcel #: _____ <i>This info can be obtained by the following:</i> - Online at maps.co.lucas.oh.us/Areis/Areis.asp - Phone the tax department at 419-213-4305 - Parcel number is on any past or current tax bill
Property Type: <input type="radio"/> House <input type="radio"/> Townhouse/Villa <input type="radio"/> Apartment <input type="radio"/> Condo <input type="radio"/> Mobile Home <input type="radio"/> Row House <input type="radio"/> Duplex <input type="radio"/> Triplex <input type="radio"/> 4Plex (Check one)				

AMENITIES AND ACCESSIBILITY (STEP 3)

Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer	Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Boiler <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> Furnace <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall	Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave	Outdoor: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included <input type="checkbox"/> Fenced Yard	
Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None	Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch	Other: <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included	Utilities: (Electric Paid By) <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	Hot Water Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord
Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	Cooling Type: <input type="checkbox"/> Central <input type="checkbox"/> None <input type="checkbox"/> Window/Wall	Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	Accessibility: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____	

Sign and date Rent Increase Guidelines on back of form.
Form will not be accepted without signatures from both landlord and tenant.

Rent increase guidelines

I understand the amount of the rent increase is subject to LMHA's rent reasonableness standards.

I understand that only one rent increase will be approved within a twelve (12) month period.

I understand as the landlord I must sign the rent increase form as acknowledgement that if the rent reasonableness determination does not support a rent increase in the amount requested, LMHA will offer the amount of rent supported. Also, if the rent reasonableness determination results in rent lower than the current contract rent amount, the contract rent amount will be subject to a reduction.

I understand that if I have similar unsubsidized properties, within a one mile radius, which have been rented within the last 12 months, I may attach copies of those signed leases for consideration during the rent reasonableness process. To be considered similar, the units must have the following in common with the unit you are applying for the rent increase: same number of bedrooms and bathrooms, same structure type, same utility set up (who pays what utilities and supplies appliances).

I understand that I may provide these rent comparables (signed leases) only one time during the rent increase process.

Buildings with more than 4 units only: You may provide either signed leases or a copy of the rent roll for the property.

I understand that in order to process the rent increase, the unit must have met the requirements of Housing Quality Standards at the most recent inspection.

I understand that changes in utilities will require a new HAP contract and lease.

I understand that the taxes on this unit must be current.

I understand that the request is to be received by LMHA 60 days in advance of the requested date of change. An approved increase will become effective on the first of the month following the 60 days from your submittal date.

Landlord name (printed)

Landlord signature

Date

Tenant responsibility:

I understand as the tenant I must sign the rent increase form as acknowledgement that my rental portion may be increased or there may be a change in which utilities I will be responsible for paying.

Tenant name (printed)

Tenant signature

Date

FOR OFFICE USE ONLY:

Taxes Current Yes No

Unit Abated Yes No

Date of last rent increase: _____

Full Rent Increase Approved Yes No

If full rent increase denied:

Offered Rent: _____ (amount)

Lower than current _____

Higher than current _____