



Fill out this form in its entirety and submit via mail, e-mail, 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

Rent Increase Application

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 #: _____

This info can be obtained by the following:
 - 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: House Townhouse/Villa Apartment Condo Mobile Home Row House Duplex Triplex 4PIex
 (Check one)

AMENITIES AND ACCESSIBILITY (STEP 3)

Indoor: Ceiling Fans Furnished Fireplace Cable Included Security System		Laundry Type: W/D Hook-ups Washer Dryer Onsite Laundry Washer/Dryer		Heat Type: Baseboard Boiler Heat Pump Radiator Window/Wall		Kitchen: Dishwasher Stove Garbage Disposal Refrigerator Microwave		Outdoor: Swimming Pool Gated Community Lawn Care Included Trash Removal Included Fenced Yard			
Parking: 1 Car Carport 2 Car Carport 1 Car Garage 2 Car Garage 3 Car Garage		Exterior: Balcony Deck Patio Porch		Other: Age Restricted Pest Control Included		Utilities: (Electric Paid By) Tenant Landlord		Heating Fuel: Gas Electric Propane		Heating Fuel Paid By: Tenant Landlord	
Water Type: Well Water City Water		Water Paid By: Tenant Landlord		Hot Water Fuel Type: Gas Propane		Hot Water Paid By: Electric Tenant Landlord		Cooking Fuel Type: Gas Propane		Cooking Paid By: Electric Tenant Landlord	
Sewer Type: Septic Tank Public Sewer		Sewer Paid By: Tenant Landlord		Cooling Type: Central None Window/Wall		Cooling Paid By: Tenant Landlord		Accessibility: Yes 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If full rent increase denied:</i>
Unit Abated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Offered Rent: (amount)
Date of last rent increase:	_____	<input type="checkbox"/> Lower than current _____
Full Rent Increase Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Higher than current _____