



Housing Authority of the City of Reno

Request for Change in Contract Rent

Per the terms of the Housing Assistance Payment (HAP) Contract, you are eligible to request an increase to the contract rent no more than once a year and you may not change the contract rent during the term of a lease.

You may not request multiple amounts for your change in rent. The amount requested on this form is the only amount that will be considered by the Reno Housing Authority (RHA).

In order to ensure the most accurate comparable units are reviewed, please also submit a Rent Reasonable Valuation form, which provides the information necessary to determine Rent Reasonableness.

Landlord Name and Address: _____
(as it appears on RHA checks) _____

Tenant Name: _____

Unit Address: _____

The rent for the above-referenced unit is currently \$_____ per month and we are requesting a change to \$_____ per month. We would like this change to be effective _____, but we understand that if this notice is not received by the RHA at least 60 days prior to the requested effective date, the RHA will have to delay the effective date.

The tenant is charged the following mandatory fees each month: _____
Please provide the amount and purpose of the fees

The utilities the tenant will be responsible for under this new rent amount are:

Heating Cooking Water Heating Other Electric Water Sewer Trash Air Conditioning

Please initial one of the following:

_____ We will be signing a new lease based on the approved rent amount and effective date.

_____ We will not be signing a new lease. The tenant will continue month-to-month at the approved rent amount.

I understand that if the requested effective date falls within the current lease term, or if the requested effective date is less than one year from the last change in the contract rent, the RHA will have to delay the effective date or deny the request.

I understand that the RHA will conduct a Rent Reasonableness test to ensure that the requested rent is reasonable, and that if the Rent Reasonable test indicates that the current rent is too high, I will be required to reduce the rent. I cannot retract this request in order to avoid a rent decrease due to the Rent Reasonableness test.

I understand that I cannot charge or accept from the tenant any additional monies without prior approval of the RHA.

I certify that I have provided the tenant with proper notice of this increase as required by the RHA and NRS.

Landlord/Management Signature: _____

Date: _____