



Executive Director
Hilary Lopez, Ph.D.

Reno Housing Authority, 1525 East 9th Street, Reno, NV 89512

775.786.1712 Fax 385.770.7166 TDD

775.329.3630 RenoHA.org

CONTRACT RENT INCREASE DISPUTE FORM

Unit Address: _____

Landlord Contact Name: _____

Tenant Name: _____

Landlord E-mail: _____

Date Submitted: _____

Rent Being Requested: _____

The Department of Housing and Urban Development (HUD) requires that all Public Housing Authorities conduct rent reasonableness determinations on all initial lease amounts and all contract rent increases.

The purpose of the rent reasonableness test is to assure that fair rents are paid for units selected for participation in the Section 8 Housing Choice Voucher (HCV) program. The Reno Housing Authority (RHA) utilizes specifically designed software through AffordableHousing.com in order to determine rent reasonableness and provide certifications that meet HUD regulatory requirements for rent comparisons.

If you do not agree with the rent reasonableness determination made by the RHA, please review the comparable units provided by the RHA and explain why these units are not a fair representation of your unit.

If you would like alternate comparable units used in determining rent reasonableness, please fully complete the information below. Units within your same complex cannot be used, and all 3 comparable units provided should be for different addresses. For the following comparable units to be considered in determining rent reasonableness of your unit, the RHA must have all of the following information:

| | Comparable 1 | Comparable 2 | Comparable 3 |
|----------------------------|--------------|--------------|--------------|
| Address: | _____ | _____ | _____ |
| Beds/Baths/ Half Baths: | _____ | _____ | _____ |
| Square Ft: | _____ | _____ | _____ |
| Structure Type: | _____ | _____ | _____ |
| Year Built: | _____ | _____ | _____ |
| Utilities Paid By: | | | |
| Heat | _____ | _____ | _____ |
| Hot Water | _____ | _____ | _____ |
| Cooking | _____ | _____ | _____ |
| Sewer | _____ | _____ | _____ |

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.

| | | | |
|-------------------------------------|-------|-------|-------|
| Water | _____ | _____ | _____ |
| Lights | _____ | _____ | _____ |
| Heat Type (Y/N): | | | |
| Central | _____ | _____ | _____ |
| Baseboard | _____ | _____ | _____ |
| Boiler | _____ | _____ | _____ |
| Heat Pump | _____ | _____ | _____ |
| Radiator | _____ | _____ | _____ |
| Space Heater | _____ | _____ | _____ |
| Window/Wall | _____ | _____ | _____ |
| Cooling Type (Y/N): | | | |
| Central | _____ | _____ | _____ |
| Swamp | _____ | _____ | _____ |
| Window/Wall | _____ | _____ | _____ |
| None | _____ | _____ | _____ |
| Maintenance Included in Rent (Y/N): | | | |
| Lawn | _____ | _____ | _____ |
| Pest | _____ | _____ | _____ |
| Trash | _____ | _____ | _____ |
| Amenities (Y/N): | | | |
| Ceiling Fans | _____ | _____ | _____ |
| Cable Included | _____ | _____ | _____ |
| Refrigerator | _____ | _____ | _____ |
| Stove | _____ | _____ | _____ |
| W/D Hookup | _____ | _____ | _____ |
| W/D in Unit | _____ | _____ | _____ |
| Fenced Yard | _____ | _____ | _____ |
| Covered Parking | _____ | _____ | _____ |
| Assigned Parking | _____ | _____ | _____ |
| Balcony/Patio | _____ | _____ | _____ |
| Pool | _____ | _____ | _____ |
| Gated Community | _____ | _____ | _____ |
| Dishwasher | _____ | _____ | _____ |
| Garbage Disposal | _____ | _____ | _____ |
| Microwave | _____ | _____ | _____ |
| 1/2/3 Car Garage | _____ | _____ | _____ |
| Asking Rent: | _____ | _____ | _____ |
| Unit Rented for: | _____ | _____ | _____ |
| Source of Listing: | _____ | _____ | _____ |

After the RHA has reviewed the above information, you will receive a written determination regarding rent reasonableness along with the approved contract rent amount. If all of the above information is not provided the RHA will not consider these units in determining rent reasonableness and the current rent reasonableness determination will stand. Thank you for your cooperation.

Jamie Newfelt
 Director of Rental Assistance
jnewfelt@renoha.org