

ANNUAL REQUEST FOR RENT CHANGE FROM OWNER

To: Menard County Housing Authority
117 N 7th St
Petersburg, IL 62675

Tenant Name:

A rent adjustment may not be approved unless warranted by rents on comparable unassisted units. If the comparable rent level is lower than the contract rent, the comparable rent level will be the new contract rent.

I am requesting a rent increase effective with lease renewal for a one year term.

Current Rent
\$ _____

Proposed Rent
\$ _____

The reasons for the requested increase are those checked and described below:

_____ Property taxes increased \$ _____ per year.
_____ Insurance premiums increased \$ _____ per year.
_____ The following maintenance items and/or improvements were made:

(Approximate Cost - \$ _____)

(Approximate Cost - \$ _____)

(Approximate Cost - \$ _____)

_____ The rates for the following utilities, which are included in the monthly rent, have increased: (Please check:)

___Heat ___Electricity ___Water/Sewer ___Garbage Pickup

_____ Other increased costs are: _____

Rent Comparability: The rent on comparable units in the area has been raised to \$ _____ effective _____.

Date

Requested Effective Date: _____

Date

Signature of Owner or Agent