

REQUEST FOR RENT CHANGE FROM OWNER

****ALL Rent Increase Request Forms MUST be received by the MCHA Office at least 60 days prior to the requested effective date.**

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

Tenant Name: _____

Unit Address: _____

City/State Zip: _____

Unit Bedroom Size: _____

* * * * *

Choose One:

Current Lease Expiration Date: _____

Month to Month Lease

I am requesting the following rent increase:

Current Rent

Proposed Rent

\$ _____

\$ _____

Requested Effective Date: _____

Reasons for the requested rent increase: _____

Date

Signature of Owner or Agent

Submit the Form to Anna Oest by email at aoest@menardcha.org, by fax to 217-632-7511 or by mail to Menard Co Housing Authority, 117 N 7th St, Petersburg, IL 62675. Form MUST be received by the office at least 60 days prior to the requested effective date.

FOR OFFICE USE ONLY:

_____ Voucher Bedroom Size

Approved

Lower Amount Approved: _____

Denied

Effective Date: _____