



## **Baltimore County Department of Health and Human Services Office of Housing**

### **Rent Increase Request Policy**

1. A rent increase request letter will be forwarded to the landlord 120 days prior to the effective date of the recertification.
2. The landlord has 15 calendar days from the date of the letter to return a request for a rent increase.

To determine if the rent increase request was received timely use the following protocol. If sent via:

- a. USPS – date postmarked
- b. Email – sent date of the email
- c. Fax – date fax received per the fax transmittal
- d. Drop off – date of customer service receipt

If the rent increase request is received after the 15 calendar day deadline, it will not be considered.

A written response is to be forwarded to the landlord within 15 calendar days of receipt of the request indicating it was not received timely, therefore, will not be considered.

3. A rent reasonableness review will be completed.
  - a. If the rent increase is reasonable, then the request will be approved.
  - b. If the rent increase is not reasonable, then the request will be denied.

A written response is to be forwarded to the landlord within 15 calendar days of receipt of the request indicating whether it is approved or denied.



## E-CFR Data is current as of June 14, 2016

Title 24: Housing and Urban Development

[PART 982—SECTION 8 TENANT-BASED ASSISTANCE: HOUSING CHOICE VOUCHER PROGRAM](#)

[Subpart K—Rent and Housing Assistance Payment](#)

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### §982.507 Rent to owner: Reasonable rent.

#### (a) PHA determination.

- (1) Except as provided in paragraph (c) of this section, the PHA may not approve a lease until the PHA determines that the initial rent to owner is a reasonable rent.
- (2) The PHA must redetermine the reasonable rent:
  - (i) Before any increase in the rent to owner;
  - (ii) If there is a five percent decrease in the published FMR in effect 60 days before the contract anniversary (for the unit size rented by the family) as compared with the FMR in effect 1 year before the contract anniversary; or
  - (iii) If directed by HUD.
- (3) The PHA may also redetermine the reasonable rent at any other time.
- (4) At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or redetermined by the PHA.

(b) **Comparability.** The PHA must determine whether the rent to owner is a reasonable rent in comparison to rent for other comparable unassisted units. To make this determination, the PHA must consider:

- (1) The location, quality, size, unit type, and age of the contract unit; and
  - (2) Any amenities, housing services, maintenance and utilities to be provided by the owner in accordance with the lease.
- (c) *Units assisted by low-income housing tax credits or assistance under HUD's HOME Investment Partnerships (HOME) program.*
- (1) *General.* For a unit receiving low-income housing tax credits (LIHTCs) pursuant to section 42 of the Internal Revenue Code of 1986 or receiving assistance under HUD's HOME Program (for which the regulations are found in 24 CFR part 92), a rent comparison with unassisted units is not required if the voucher rent does not exceed the rent for other LIHTC- or HOME-assisted units in the project that are not occupied by families with tenant-based assistance.
  - (2) *LIHTC.* If the rent requested by the owner exceeds the LIHTC rents for non-voucher families, the PHA must perform a rent comparability study in accordance with program regulations and the rent shall not exceed the lesser of the:
    - (i) Reasonable rent as determined pursuant to a rent comparability study; and
    - (ii) The payment standard established by the PHA for the unit size involved.
  - (3) *HOME Program.* [Reserved]

(d) **Owner certification of rents charged for other units.** By accepting each monthly housing assistance payment from the PHA, the owner certifies that the rent to owner is not more than rent charged by the owner for comparable unassisted units in the premises. The owner must give the PHA information requested by the PHA on rents charged by the owner for other units in the premises or elsewhere.

# Request for Rent Change

Date: \_\_\_\_\_

Name of Complex: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Requested Contract Rent: \_\_\_\_\_

Unit Address: \_\_\_\_\_  
 \_\_\_\_\_

Effective Date of Rent Increase: \_\_\_\_\_

Please note that if a request for rent increase is not received within 15 calendar days from the date of the attached letter then it will not be considered.

### For Complex Use

Address and Unit Number	No. of Bedrooms	Renewal Date	Renewal Rent Requested

By executing this request the owner certifies the rent requested is not more than the most recently charged renewal rent for comparable unassisted units within the premises.

### For Private Landlords Use

Specify who pays the bill for each utility-Put "O" for Owner and "T" for Tenant

Item	Fuel type (Check appropriate box)	Paid By
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	
Electric		
Water		
Sewer		

#### Unit Type

Single family detached  
  Row house/Townhouse  
  Semi-detached  
  Apartment  
  Condo

Number of bedrooms: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Year Built: \_\_\_\_\_

#### Group Home:

Is the unit used as a group home? Y / If yes, how many residents are in the unit? \_\_\_\_\_

Total contract rent: \_\_\_\_\_

N

#### Amenities: (Please check all that apply.)

- |                                 |  |   |                                       |                                      |
|---------------------------------|--|---|---------------------------------------|--------------------------------------|
| ____ Number of baths            | <input type="checkbox"/> Dishwasher  | <input type="checkbox"/> Lawn Service provided  | <input type="checkbox"/> Microwave    | <input type="checkbox"/> Ceiling fan |
| <input type="checkbox"/> Washer | <input type="checkbox"/> Garbage Disposal  | <input type="checkbox"/> Window A/C Units   | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Pool        |
| <input type="checkbox"/> Dryer  | <input type="checkbox"/> Central Air   | <input type="checkbox"/> Pest Control provided  | <input type="checkbox"/> W/D Hookups  | <input type="checkbox"/> Balcony     |
|                                 | <input type="checkbox"/> Carport <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> Garage <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> Porch        | <input type="checkbox"/> Patio       |

\_\_\_\_\_  
 Name of Owner (Please Print)

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Signature of Owner/Owner Representative

\_\_\_\_\_  
 Fax Number