

# Request to Stay in Place

**LANDLORDS!!!! PLEASE REMEMBER IN ORDER TO RECEIVE A RENT INCREASE AT THE EFFECTIVE DATE OF RENEWAL YOU MUST HAVE THIS FORM SIGNED BY YOUR TENANT AND IT MUST BE RETURNED TO OUR OFFICE ON OR BEFORE THE RECERTIFICATION . THE INSPECTION RATING OF YOUR UNIT MUST ALSO VALIDATE THE INCREASED RENT. THE HOUSING CHOICE VOUCHER PROGRAM ASSUMES NO RESPONSIBILITY TO GET THE TENANT TO SIGN AND AGREE TO RENT INCREASES.**

## LANDLORD & PARTICIPANT COMPLETE THIS SECTION ONLY IF STAYING

Owner/Landlord:

1. ( ) NO RENT INCREASE IS REQUESTED.  
RENTS FOR ALL UNITS ON THE VOUCHER PROGRAM ARE SUBJECT TO A RENT REASONABLE TEST BEFORE APPROVAL/DENIAL OF RENT REQUESTED.

2. ( ) PLEASE INCREASE MY RENT AT \_\_\_\_\_ FROM \$ \_\_\_\_\_ TO \$ \_\_\_\_\_ PER MONTH EFFECTIVE \_\_\_\_\_. **INCREASED RENTS WILL BE EFFECTIVE 60 DAYS AFTER DATE REQUESTED. NO NEW LEASE IS REQUIRED** If the landlord and the family sign a new lease MHB must be provided a copy to prepare a new contract. This is required.

**NOTE: A NEW LEASE IS NOT REQUIRED TO OBTAIN A RENT INCREASE.**

**ATTENTION PARTICIPANT:** The increased rent will/may affect your portion. Consider this your advanced notice your share will/may increase.

By my signature below I certify that the rent requested is a reasonable rent and does not exceed amounts charged on the open market. The rent requested results from increases in costs of operation and management. I UNDERSTAND THAT I MUST ADVISE THE HOUSING AUTHORITY IF THERE HAS BEEN A CHANGE IN THE UTILITIES AND SERVICES I FURNISH AS PART OF THE RENT. **IT IS MY RESPONSIBILITY TO ENSURE THE INSPECTION IS SCHEDULED AND THE UNIT PASSES INSPECTION.**

\_\_\_\_\_  
FIRM OR OWNER NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
OWNER OR AGENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
PARTICIPANT NAME:

\_\_\_\_\_  
PARTICIPANT ADDRESS:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL ADDRESS: