



REQUEST FOR RENT ADJUSTMENT

In order for the rent adjustment request to be processed, the owner/agent must submit this completed form 60 calendar days prior to the effective date of the anniversary. If the request is less than 60 days-notice, the request will be denied. In compliance with 24 CFR 982.507, SNRHA must determine rent reasonableness before any adjustment in the rent to owner is approved. The PHA may not approve a rent that is not reasonable. Therefore, if you request a rental increase and the outcome of the rent reasonableness review indicates rents have decreased in the area where your unit is located (for same unit types,) your original rent will be "decreased." You cannot withdraw the request once a determination has been completed.

**Please completely fill out E-mail to RentAdjustments@SNVRHA.org.
 NO LONGER ACCEPTING VIA MAIL, FAX, OR DROP OFF.**

Family Information	
T #: _____	
Family Name: _____	
Address: _____	
City, Zip _____	

Current Rent Amt. \$ _____
Initial Lease Date: _____
Proposed Rent Amt. \$ _____
Effective Date of Proposed Rent Adjustment: _____

The Information Below Must Match the Original Lease or It Will Be Denied.			
Unit Type	Parking	Exterior	Appliances Included
<input type="checkbox"/> Apartment _____ # Bedrooms <input type="checkbox"/> Condo _____ # Bathrooms <input type="checkbox"/> Duplex _____ # Half-Baths <input type="checkbox"/> Tri-Plex _____ Square Feet <input type="checkbox"/> 4-Plex _____ Year Built <input type="checkbox"/> Low Rise <input type="checkbox"/> High Rise <input type="checkbox"/> Mobile Home <input type="checkbox"/> Houses <input type="checkbox"/> Townhouse <input type="checkbox"/> Row House	<input type="checkbox"/> Garage <input type="checkbox"/> Car Port <input type="checkbox"/> Covered <input type="checkbox"/> Assigned <input type="checkbox"/> Open	<input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch	<input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Stove <input type="checkbox"/> Dishwasher <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Hook-Ups

Utilities: Check all that apply					Paid by:	
<input type="checkbox"/> Heat...	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Central	<input type="checkbox"/> Wall/Window	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Cooling...	<input type="checkbox"/> Electric	<input type="checkbox"/> Evap.	<input type="checkbox"/> Central	<input type="checkbox"/> Wall/Window	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Hot Water...	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other		<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Cooking...	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other		<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Sewer...					<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Water...					<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Trash...					<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Pest Control...					<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> Lawn...					<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner

Amenities: Check all that apply



Ceiling Fan Pool Gated Community Other: _____

Comparable Units: We must test the reasonableness of the contract rent as compared to at least three (3) other unassisted units in the same Market area with comparable amenities. If possible, please provide three comparable units.

<u>Address of Unit/Complex</u>	<u>Rent Amount</u>
_____	_____
_____	_____
_____	_____

Owner/Agent Name: _____	Signature: _____
Address: _____	E-mail: _____
_____	Phone #: _____
_____	Date: _____

SNRHA USE ONLY

Proposed Rent Reasonable? Yes No Utilities/Appliances Match UA Schedule? Yes No

If approved, amount \$ _____ Effective Date: _____

Inspector's Name: _____ Date Completed: _____

ATTACH COPY OF UA SCHEDULE TO THIS PACKAGE

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.