



REQUEST FOR RENT ADJUSTMENT

In order for the rent adjustment request to be processed, the owner/agent must submit this completed form at least 60 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 documents that 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 fill out completely and return to the address or fax above:

Family Information	
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"/> Garage	<input type="checkbox"/> Balcony	<input type="checkbox"/> Washer
<input type="checkbox"/> Condo	_____ # Bathrooms	<input type="checkbox"/> Car Port	<input type="checkbox"/> Deck	<input type="checkbox"/> Dryer
<input type="checkbox"/> Duplex	_____ # Half-Baths	<input type="checkbox"/> Covered	<input type="checkbox"/> Patio	<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Tri-Plex	_____ Square Feet	<input type="checkbox"/> Assigned	<input type="checkbox"/> Porch	<input type="checkbox"/> Stove
<input type="checkbox"/> 4-Plex	_____ Year Built	<input type="checkbox"/> Open		<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Low Rise				<input type="checkbox"/> Microwave
<input type="checkbox"/> High Rise				<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Mobile Home				<input type="checkbox"/> Washer/Dryer
<input type="checkbox"/> Houses				<input type="checkbox"/> Hook-Ups
<input type="checkbox"/> Townhouse				
<input type="checkbox"/> Row House				

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 Fans 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.

Address of Unit/Complex

Rent Amount

_____	_____
_____	_____
_____	_____

Owner/Agent

Name: _____

Signature: _____

Address: _____

Phone #: _____

Date: _____

SNRHA USE ONLY

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

If no, 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 bilingue. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Espanol, por favor contacte a su asistente social.