Joseph L. Smith Chairman, Board of Commissioners Janet Abrahams Executive Director

Receipt Confirmation to Owner/Agent: \_



HOUSING AUTHORITY OF BALTIMORE CITY HOUSING CHOICE VOUCHER PROGRAM 1225 West Pratt Street, Baltimore, Maryland 21223 443-984-3364 (Phone) 410-361-9616 (Facsimile)

## RENT ADJUSTMENT REQUEST FORM

<u>Rent Reasonableness:</u> Code of Federal Regulations 574.320 (a) (3): The rent charged for a Section-8 assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

## Note: If approved, Adjustments become effective 60 to 90 days from date of receipt. Please Print Below

OWNER/MANAGING A	AGENT NAME INFORMATION	TENANT INFORMATION
NAME:		NAME:
ADDRESS:		ADDRESS:
City:		City:
State:	Zip Code:	State: Zip Code:
E-MAIL ADDRESS:		PHONE:
PHONE:		CURRENT CONTRACT RENT: \$
FACSIMILE:		REQUESTED CONTRACT RENT: \$
		of any member of the tenant family?   Phone Number
Signature:	Date:	□ Owner □Agent □Manager
		ENT ROLL. PROPERTIES CLASSIFIED AS "TAX CREDIT" MUST ALSO NG AGENCY i.e. HUD, DHCD, CDC, HOME PROGRAM OR LIHTC.
response, HABC-Housing Choice	e Voucher Program has updated its rerved for rent increases using the publish	get cuts that permanently decreased program-funding levels. In int increase policy to reflect our new financial environment. The ined U.S. Bureau of Labor Statistics, Consumer Price Index for
STAFF USE ONLY		
Integrity Receipt Date:	Received By:	□Mail □Fax □E-mail □Hand-Delivered

Date

Integrity Staff: \_

Name