

RENT INCREASE REQUEST



NOTE: If the unit has not passed inspection or is in abatement, this request will be automatically denied. Submit this completed form and supporting documents explaining the reason(s) for the request to the following address: **West Hartford Housing Authority • 80 Shield Street • West Hartford, CT 06110** or send via FAX: **860-953-5763**

Participant Name: _____

Unit Street Address _____ Apt.# _____ Complex Name, if applicable _____

City _____ State _____ Zip Code _____

Owner or Company Name _____ Telephone # _____

Mailing Address _____

City _____ State _____ Zip Code _____

Managing Agent Name (if applicable) _____ Telephone # _____

#Bedrooms	#Bathrooms	Structure Type	Current Rent	Requested Rent	LIHTC UNITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PROVIDE TAX CREDIT RENT AMOUNT BY BEDROOM SIZE)

UTILITY	RESPONSIBLE PARTY		CHANGE IN RESPONSIBLE PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF FUEL USED			
	Owner	Participant		Electric	Oil	Natural Gas	Propane
Electricity			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Heating Fuel			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Water Heating Fuel			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Cooking Fuel			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Water/Sewer			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Trash Collection			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Stove			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Refrigerator			<input type="checkbox"/> YES <input type="checkbox"/> NO				

ACKNOWLEDGEMENT AND SIGNATURE: I have reviewed this form and agree that the utility information above correctly indicates who is responsible for providing the stove and refrigerator as well as who is responsible for paying each utility. I understand this request may result in an increase in my portion of the rent.

Participant Signature: _____ Date: _____

I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Property Owner Signature: _____ Date: _____