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Wichita Falls Housing Choice Voucher Program

Rent Increase Request Form

In order to process your Rent Increase this form must be filled out in its entirety and delivered to the Housing Department at least 60 days prior to the tenant's anniversary date.

Date of Request: _____ Client Name: _____

Client Address: _____

Landlord Name: _____ Phone: _____

Landlord Fax #: _____ Landlord E-mail Address: _____

Current Rent \$ _____ Proposed Rent Increase \$ _____ Effective Date: _____

Owners Certifications: HUD regulation requires the PHA to certify that the rent charged to the Housing Choice Voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units MUST complete the following section.** Rent Reasonable comparisons provided must be unassisted and the rent must be comparable in both the rent amount and initial lease date.

Address and Unit Number	Bedroom/Bathroom Size	Date Initially Rented	Current Rental Amount
1.			
2.			
3.			

A Rent Reasonable survey will be conducted to ensure the rent amount approved is in accordance to HUD regulations. If the rent is not rent reasonable or would place the tenant in a financial hardship, a denial letter will be sent to the landlord and client. Rent increases above the payment standard set by the Housing Department will be evaluated on a case by case basis. Additional Rent Reasonable documentation may be requested by the Housing Department at any time to confirm the validity of the data.

Note: The client may relocate at their anniversary date if proper notice is given to the landlord and the Wichita Falls Housing Department. If the new rent amount creates a burden to the client, the client has the right to give the landlord proper notice to relocate.

Effective Date of the increase will be the anniversary date. The client may contact the specialist if there are any questions.

Landlord's signature: _____ Date: _____

I hereby certify that the above statements are true and correct to the best of my knowledge

WICHITA FALLS HOUSING OFFICE USE ONLY

Approved: _____ Denied: _____ New Rent: _____ Start Date: _____

PHA Signature: _____