



THE HOUSING AUTHORITY
of the City of Columbia, South Carolina
1917 HARDEN STREET * COLUMBIA, S.C. 29204-1015
TELEPHONE (803) 254-3886
TDD (803) 256-7762
www.chasc.org

Request for Rent Increase / Decrease

Completely fill out this form and submit no less than 60 days prior to the tenant’s anniversary re-certification date. Only one request per year per tenant will be processed. Owners must give proper notice to the tenant and that the request is received by the Housing Authority 60 days in advance of the rent increase effective date. If the request is not received 60 days in advance of the anniversary, the increase / decrease will go into effective the first of the month 60 days after the CHA has received this request. This is the only acceptable form for rental increase /decrease request.

Important Notice CHA shall not grant a rent increase unless the owner has complied with all obligation under the HAP contract, Including compliance with the HQS for all contract units.

TENANT NAME: _____ UNIT ADDRESS: _____

CITY, STATE: _____ ZIP _____

Type of Unit: <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Manf/Mobile Home
Number of bedrooms _____ No. Baths _____ 1/2 Baths _____ Yr. Built _____ Sq Ft _____
Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No Carport: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities included w/rent- <input type="checkbox"/> Elect <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator
Current Monthly Rent \$ _____ Proposed New Rent \$ _____ Effective Date _____
(Please check one of the following) <input type="checkbox"/> Rent Increase <input type="checkbox"/> Decrease

RENT REASONABLENESS CERTIFICATION: Rent reasonableness determination will be performed to determine if the proposed rent is reasonable. The rent reasonableness test evaluates the unit on several factors including the overall unit condition, age, size, location, services provided and amenities. HAP

CONTRACT INFORMATION

PRINT NAME OF OWNER: _____

OWNER ADDRESS _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

PRINT NAME OF AGENT: _____ ADDRESS OF AGENT: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

Certification: I hereby certify that the foregoing information is correct and no changes will be made without written notice to the Tenant and CHA. Inquiries may be made to certify facts and statements contained herein. _____

Signature of Owner / Agent Title

FOR CHA-HCVP OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE		
APPROVED MONTHLY RENT \$ _____	APPROVED BY: _____	DATE: _____
RENT REASONABLENESS CERTIFICATION ATTACHED: YES ___ NO ___ ANNUAL RE-EX MONTH: _____		