

Abingdon Redevelopment and Housing Authority

190 East Main Street
3rd Floor
Abingdon, VA 24210



P.O. Box 248
Abingdon, VA 24212
276.628.5661

NOTICE TO CHANGE "TERMS OF TENANCY"

Owner: Please complete blanks **1 through 5** below and return to Abingdon Housing. Requested changes will be evaluated and you will be notified by phone of our acceptance, amendment or denial. If the terms are accepted, Abingdon Housing will forward the form to the respective tenant for their review. Part C, Section 15d of the HAP contract states: "The owner must notify the PHA of any changes in the amount of rent to owner at least 60 days before any such changes go into effect, and the amount of the rent to owner following any such agreed change may not exceed the reasonable rent for the unit as most recently determined by the PHA in accordance with HUD requirements." **Note: If Abingdon Housing denies the change in Terms of Tenancy or if the owner rejects Abingdon Housing's amendments, the owner's only recourse is to notify the tenant, in accordance with VA law, to vacate the property, thus resulting in termination of the HAP contract with Abingdon Housing.**

1) _____ 2) _____

Tenant Name

Owner Name

3) _____ Rent increase. The new rent amount requested is \$ _____ per month.

4) _____ Other _____

5) _____

Owner/Manager Signature

Date

_____ Approved by Abingdon Housing as proposed

_____ Approve by Abingdon Housing with the following amendments: _____

_____ Owner notified _____ Owner accepted amendments _____ Owner rejected amendments

_____ Denied by Abingdon Housing for the following reasons: _____

Tenant: A change to the "Terms of Tenancy" of your lease agreement and the landlord's Housing Assistance Payment contract has been requested by your landlord. Abingdon Housing has approved the changes as indicated above. If you accept the changes, please sign below where indicated and return this form to our office within 10 days. You may also refuse to accept the changes. However, failing to accept the changes or failing to return the completed form to our office within 10 days of receipt, may result in the owner terminating the lease and contract and requiring the tenant to move from the leased property.

PHA Representative Signature

Date

Tenant Signature**

Date

Effective Date of Change after Owner, Abingdon Housing and Tenant have agreed: _____