



## RENT INCREASE REQUEST FORM – PROJECT BASED VOUCHER PROGRAM

20 S. Charles Street • Suite 800 • Baltimore, MD 21202  
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**Instructions:** Owner or authorized representative should complete this form and return it via e-mail to [rentincrease@brhp.org](mailto:rentincrease@brhp.org) with the subject line reading **“PBV Rent Increase Request”**. Forms must be received at least 60 days prior to the Project Based Housing Assistance Payment Contract (**“HAP Contract”**) anniversary date. Please contact our office should you need assistance identifying this date. A separate form must be submitted for each individual unit for which you are requesting an increase of rent.

### OWNER INFORMATION

<b>NAME</b>	<b>MAILING ADDRESS</b>
<b>CONTACT PERSON &amp; TITLE</b>	<b>TELEPHONE NUMBER &amp; E-MAIL ADDRESS</b>

### UNIT INFORMATION

<b>PROJECT NAME</b>	<b>UNIT ADDRESS</b> (Street address, Apt./Unit #, City, County, State & Zip code)			
<b>TENANT NAME</b>	<b>No. of Bedrooms</b>	<b>No. of Bathrooms</b>		
Unit Type <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached/Row-house/Duplex <input type="checkbox"/> Garden/Walkup/3 or 4 Family <input type="checkbox"/> Elevator/High-rise (Check One)				
<b>HAP Contract Anniversary Date</b>	<b>Current Rent</b> \$	<b>Proposed Rent</b> \$	<b>Utility Amount</b> \$	<b>Effective Date Requested</b>

### CERTIFICATION AND ACKNOWLEDGMENT

I \_\_\_\_\_, **Owner/Authorized Representative**,  
Print Name

- Certify that the information provided on this form for BRHP’s consideration is true and correct to the best of my knowledge;
- Certify that the Lease, Addendum(s) and any other agreements executed between Tenant and me as Owner/Authorized Representative remains in effect and that I have complied with all requirements of the HAP Contract, including compliance with HQS;
- Understand that BRHP may require Owner to provide rent information charged for other units in the premises or elsewhere;
- Understand that BRHP may not make any rent increase other than an increase in the rent to owner in accordance with HUD requirements and that if this increase is approved and executed, it will serve to amend the HAP Contract, however, all other terms shall remain the same; and
- Understand that I may not change the contract rent unless written approval is given by BRHP.

\_\_\_\_\_  
Signature of Owner/Authorized Representative

\_\_\_\_\_  
Date

<b>FOR BRHP USE ONLY</b>			
Date Request Received	Census Tract	Payment Standard (PS) \$	FMR (PS-Utility Amount) \$
(A) Requested Rent	(B) FMR	(C) Average Rent Comp	Contract Rent (Lowest Amount of A, B and C)
\$	\$	\$	\$
Denied <input type="checkbox"/> Denial Reason _____		Approved <input type="checkbox"/> Rent Increase Effective Date _____	
Authorized Signature _____		Date _____	