



# MESQUITE HOUSING DIVISION

PHONE 972-216-6424 FAX 972-216-6429

hqs@cityofmesquite.com



## REQUEST FOR RENT INCREASE

Form must be submitted at least **60 DAYS PRIOR TO THE EFFECTIVE DATE OF THE ANNIVERSARY**. If the request is less than 60 days' notice, the request will be denied. New rental amount will not become effective until the new lease and HAP contract has been executed and received by the Housing Occupancy Technician. By submitting this form, you acknowledge that the tenant has been contacted and is aware of this request.

**Warning:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Current Rent Amt \$	Proposed Rent Amt \$	Effective Date of Proposed Rent Increase:
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Family Name
Address
City, Zip

Owner / Property Name	Signature
Address	
Email	Phone

Structure Type				
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Duplex				
Unit Size	# Bedrooms	# Bathrooms	Square Feet	Year Built

Utility Responsibility O = Owner    T = Tenant					List Upgrades & Recent Improvements (Since Last Contract Rent Determination)
Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> O	<input type="checkbox"/> T	
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> O	<input type="checkbox"/> T	
Water Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> O	<input type="checkbox"/> T	
Other Electric			<input type="checkbox"/> O	<input type="checkbox"/> T	
Water			<input type="checkbox"/> O	<input type="checkbox"/> T	
Sewer			<input type="checkbox"/> O	<input type="checkbox"/> T	
Trash			<input type="checkbox"/> O	<input type="checkbox"/> T	
Air Conditioning			<input type="checkbox"/> O	<input type="checkbox"/> T	

PHA USE ONLY	
Proposed Rent Reasonable?    _____ Yes    _____ No	If no, approved amount    \$ _____
Date Completed _____	Landlord Services _____
Comments	

**Comparable Units:** We must test the reasonableness of the contract rent as compared to at least three other unassisted units in the same market area. If possible, please attach to this form at least three comparable units.