



Caribou Housing Agency

Housing Choice Voucher Program

Municipal Building
25 High Street
Caribou, ME 04736
Telephone (207) 493-4234
Fax (207) 376-0178
www.cariboumaine.org

REQUEST FOR RENT INCREASE / UTILITY RESPONSIBILITY

Property Owners/Landlords in the Section 8 Housing Choice Voucher (HCV) program may request a rent increase, and/or change who is responsible for the utilities, after the initial one-year lease term, and once every year thereafter. Requests for rent increases must be submitted to Caribou Housing Agency (CHA) **60 days prior to the requested effective date of the rent increase.**

- If Tenant is still in initial one-year lease, (when request was received by CHA) the request for the rent adjustment will not take place until the one-year anniversary contract date.
- If Tenant has fulfilled initial one-year lease, the rent adjustment will be effective the first day of the first month after the 60-day request has been received by CHA.

NOTE: When a change of utility responsibility is received, a new Housing Assistance Payment Contract and lease will be initiated.

RENT REASONABLENESS:

Upon receipt of your completed request form, Caribou Housing Agency (CHA) will process your request to determine if the requested rent is reasonable in comparison with unassisted units in the private market.

- If your request is approved the rent increase go into effect on your requested date.
- If your current rent is not reasonable in comparison with comparable units in the private market CHA will deny your request.

PROPERTY OWNERS:

- Owners must be in compliance with rental license and real estate tax requirements.
- owners must be following all obligations under the HAP contract, including compliance with the housing quality standards.

NOTIFICATION:

- CHA will notify both the Owner and the Tenant, in writing, if the request for a rent increase / decrease has been approved/denied.
- If the rent increase has been approved, a Rent Breakdown Letter will be mailed out no less than 30-days prior to the effective date the rent increase will take place
- The Tenant's and CHA's share of the rent will not change until the effective date stated in the Rent Breakdown Letter.

This form must be completed in its entirety with all required signatures. Incomplete requests may be denied.

PLEASE NOTE:

- Caribou Housing Agency may limit and/or deny rent increases due to funding availability.

I. OWNER INFORMATION		TENANT INFORMATION	
Owner's Name:		Tenant Name:	
Address:		Address:	
City:	State	City:	State:
Phone Number:		Phone Number:	

II. RENT INCREASE / DECREASE INFORMATION:	
Current Rent: \$	Rent Requested: \$
	Effective Date:

III. UNIT TYPE AND SIZE	
_____ Single Family Home	_____ No. of Bedrooms
_____ Mobile Home	_____ No. of Bathrooms
_____ Apartment	_____ Year Built

IV. UTILITIES		
Please indicate "O" if items are paid for by owner and "T" if items are paid for by the tenant		
Item	Paid By	Specify Fuel Type
Heating		<input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil
Cooking		<input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil
Water Heating		<input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil
Other Electric		
Water		
Sewer		
Trash		

**UTILITY INFORMATION MUST BE COMPLETED OR
CHA WILL NOT PROCESS RENT INCREASE REQUEST**

V. AMENITIES				
Amenities and services included in the rent (owner provided)				
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Washer in Unit	<input type="checkbox"/> Ceiling Fan(s)	<input type="checkbox"/> Garage	<input type="checkbox"/> Handicap Accessibility
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Dryer in Unit	<input type="checkbox"/> Carpets	<input type="checkbox"/> Storage Area	<input type="checkbox"/> Hearing Accessibility
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> W/D Hook-Up	<input type="checkbox"/> Linoleum	<input type="checkbox"/> Playground	<input type="checkbox"/> Other:
<input type="checkbox"/> Stove	<input type="checkbox"/> On-Site Laundry	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Balcony	_____
<input type="checkbox"/> Microwave		<input type="checkbox"/> Fireplace	<input type="checkbox"/> Deck/Porch	

VI. UNIT QUALITY		
<input type="checkbox"/> Very Good = New or full renovated (must include kitchen & bath) in the past 5 years	<input type="checkbox"/> Good = Well maintained or Partial renovation (upgraded to 1+ room(s) in the past 5 years	<input type="checkbox"/> Average = No work in the past 5 years / some repairs may be needed soon.

OWNER CERTIFICATION

- I, _____ LANDLORD/MANAGING AGENT,
- Certify that the information that I have provided for CHA's consideration is true and correct to the best of my knowledge.
 - Understand that I may not charge rent for a Section 8 assisted unit that is in excess of rent currently being charged for comparable unassisted units within my building.
 - Certify that the unit is decent, safe and in sanitary condition.
 - Understand that if there are any changes regarding the Utility Responsibilities (listed above), a new Housing Assistance Payment (HAP) Contract and Lease will be executed; resulting in a new one-year lease between myself and the Tenant.
 - Certify that the Section 8 Housing Choice Voucher lease addendum or occupancy agreement executed between the tenant and me as owner / managing agency remains in effect.
 - Understand that if this increase / decrease is approved and executed it will serve to amend the Housing Assistance Payment (HAP) Contract.
 - Understand that I may not charge the tenant for a rent amount not approved by CHA
 - Certify that I have provided a copy of this form to the tenant for their records.

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

.x _____
Signature of Owner/Landlord Date

TENANT CERTIFICATION

- I, _____ TENANT,
- Understand that due to the above rent increase / decrease by the owner, my rent may be adjusted higher or lower.
 - Understand that I am to only pay the specified rent amount in the Rent Breakdown Letter that will be issued by Caribou Housing Agency.
 - Certify that the Owner has given me a copy of this 60-day notice of requesting a rent increase / decrease.
 - Understand that if there are any changes regarding the Utility Responsibilities (listed above), a new Housing Assistance Payment (HAP) Contract and Lease will be executed; resulting in a new one-year lease between myself and the Landlord.

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

x. _____
Signature of Section 8 Head of Household Date

FOR CHA STAFF USE ONLY:

- Rent Increased. Determined Rent: _____
Note: _____
- Rent Decreased. Determined Rent: _____
Note: _____
- Request Denied
Reason: _____

x. _____
Signature of Caribou Housing Agency Staff Date