



**CHATTANOOGA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
REQUEST FOR RENT INCREASE**

All approved rent increases will be effective the first day of the month following a 60 day written request to our office: Chattanooga Housing Authority,

Housing Choice Voucher Program, PO Box 1486,
Chattanooga, TN 37401

PLEASE COMPLETE THE FOLLOWING INFORMATION:

TENANT NAME: _____

UNIT ADDRESS: _____ APT# _____

CITY, STATE, : _____ ZIP _____

Type of Unit: ☐ Single Family ☐ Apartment ☐ Duplex ☐ Manf/Mobile Home
Number of bedrooms _____ No. Baths _____ 1/2 Baths _____ Yr. Built _____
Square Footage _____ Garage ☐ Yes ☐ No Carport ☐ Yes ☐ No
Utilities included w/rent- ☐ Elect ☐ Gas ☐ Water ☐ Sewer ☐ Stove ☐ Refrig
Current Monthly Rent \$ _____ Proposed New Rent \$ _____ Effective Date _____

RENT REASONABLENESS CERTIFICATION

A 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: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SS#/TAXPAYER ID#: _____ 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 Chattanooga Housing Authority. Inquiries may be made to certify facts and statements contained herein.

Signature of Owner/Agent

Title

Date

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: _____