

Return completed form by mail or email to: rentincrease@dhcmi.org

**Housing Choice Voucher Program
 HAP Contract Change Request**

Reason for the request (please check the appropriate box):

Standard Rent Increase

Change in Utility Responsibility

Change # Bedrooms

Participant Information

Name: _____

Phone Number: (_____) _____ **Email (Required):** _____

Landlord Information

Name: _____

Phone Number: (_____) _____ **Email (Required):** _____

Property Information

Address: _____ **Unit Number:** _____ **City:** _____ **Zip:** _____

Requested Rental Rate: \$ _____ **Requested Effective Date of Change*:** _____

**All approved increases will be effective the first day of the month following a 60 day written notice to the office.*

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T".

Utility	Specify fuel type						Paid by (T/O)
Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Cooking	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Water Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Other Electric							
Water							
Sewer							
Trash Collection							
Air Conditioning (who is paying for electricity for AC)							
Refrigerator (who supplies the appliance)							
Range/Microwave (who supplies the appliance)							

(OVER)



"Equal Housing Opportunity"



DHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, Alterations or adaptation in policy, procedures, practices. Please advise us if you require a reasonable accommodation.

Unit Information	
Bedroom Size	
Number of Full Bathrooms	
Number of Half Bathrooms	
Square Feet	

Amenities	Y/N/NA
Unit has Section 504/ American with Disabilities Act Accessibility Features?	
Balcony/Patio	
Fireplace	
Ceiling Fans	
Dishwasher	
Dryer (Clothes)	
Washer (Clothes)	
Granite Countertops	
Cable-ready	
Fenced Yard	

As the landlord, I agree to the following statements:

The request will not be processed if the unit is under HQS abatement.

A rent reasonableness test will be completed by DHC staff before this contract change is effective on the unit. Please note: If unit comparable confirms a lower amount DHC may reduce the contract rent.

Rent increases are to be completed based on move in/recertification month and follow the lease anniversary date.

Late requests may result in a loss of subsidy payment.

Upon receiving approval the tenant and I will provide DHC a NEW ANNUAL LEASE with the new contract terms.

As landlord will be responsible for utilities, I will provide initial and annual proof of utilities in my name at this unit upon request.

Once approved, the contract rent and terms are valid for at least 1 year.

The tenant and owner are prohibited from making any additional payments or contributions above and beyond the terms of the HAP contract and lease. Additional changes to the contract must be requested and approved by DHC.

The Participant's share of the rent does not change unless an updated Adjustment Notice has been issued by DHC.

All approved increases will be effective the first day of the month following a 60 day written notice to the office.

Tenant Signature: _____ Date _____

Landlord Signature _____ Date _____

