



The District of Columbia Housing Authority Housing Choice Voucher Program (HCVP) RENT INCREASE REQUEST FORM

(Incomplete forms will not be processed.)

Landlord Name and Mailing Address _____

Phone# _____

Email _____

Tax I.D. # _____

(Please write legibly)

HCVP PARTICIPANT INFORMATION

Tenant Name: _____

No. Bdrms: _____

Unit Address: _____

Current Rent: _____

Unit # _____ Washington, D.C. ZIP _____

Does your lease make provisions for a

Requested Increase Amount: _____

rent increase? Yes No

PROPERTY INFORMATION

I. BUILDING TYPE: (Check one)

High-rise:

Mid-rise:

Garden:

Townhouse:

Duplex:

Interior Row:

Single Family:

Semi-Detached:

II. AMENITIES PROVIDED BY OWNER: (Check all that apply)

Central A/C:

Window A/C Units:

Carpeting:

Dishwasher:

Garbage disposal:

Washer/Dyer:

Other: _____

IV. AGE: Approximate age of unit? _____

III. UTILITIES: (T) Tenant and (O) Owner

Item	Source	Paid by (T/O)
Heating	Natural gas	
	Bottle gas	
	Oil/Electric	
	Coal/Other	
Cooking	Natural gas	
	Bottle gas	
	Oil/Electric	
	Coal/Other	
Other Electric		
Air Conditioning		

Item	Source	Paid by(T/O)
Water heating	Natural gas	
	Bottle gas	
	Oil/Electric	
	Coal/Other	
Water		
Sewer		
Trash		
Range/Micro		
Refrigerator		
Other (specify)		

V. MAINTENANCE AND SERVICES: Is on-site maintenance provided? Yes No
Are housing services provided? Yes No

VI. QUALITY RATING: (Please rate the quality of the unit. Check only one.)

- A – Newly constructed or completely renovated within the past 12 months
- B – Well maintained and/or partially renovated within the past 12 months
- C – Adequate, but some repairs may be needed soon

Landlord/Representative Signature

Date

For Official Use Only (Do not write below this point.)

APPROVE INCREASE AMOUNT: _____ **Effective Date:** _____

DECISION CODE: _____ (Reference attached Information Sheet) **Census Tract:** _____

Current Contract Rent: _____ **Voucher Size:** _____ **No. of Bdrms:** _____

Anniversary Date: _____ **Date Requested:** _____ **Date Received:** _____

Official Signature: _____ **Date:** _____