



FORT PAYNE HOUSING AUTHORITY

203 13th Street N.W.

Fort Payne, Alabama 35967

Phone: 256-845-0424 Fax: 256-845-7825

Email: fpha@farmerstel.com

REQUEST FOR RENTAL INCREASE/DECREASE FORM

Housing Choice Voucher Program owners must request a rent, in writing, at least 60 days prior to the effective date of the proposed increase. FPHA will agree to such an increase only if the amount is considered reasonable according to rent reasonable standards. No rent increase is permitted during the initial term of the lease, and owners may request a rental increase only once every 12 months. **Note: After receiving this request, FPHA will evaluate the reasonableness of any rental increase based on current market conditions. If this evaluation reveals that the current contract rent amount is unreasonable, the request for a rental increase will be denied and owners will be required to reduce their current rent amount.**

Fill out the information below:

Tenant Name: _____

Date Submitted: _____

Case Manager: Laura Hicks – Section 8 Specialist

Unit Information

Unit Street Address: _____

City, State & Zip Code: _____

Lease End Date: _____ Current Rent: _____ Tax Credit Unit: Yes No

Landlord Information

Owner/Agent Name: _____ Contact Phone Number: _____

Email Address: _____ Alternative Number: _____

Full Mailing Address: _____

Requested Rent Amount: \$ _____ Requested Effective Date: _____

Will the responsibility of utilities change or stay the same? Change Same

Owners may provide a minimum of three comparable units to be evaluated for rent reasonableness. Units must be comparable in square footage, age, bedroom/bathroom size, unassisted, outside of your property within 5-10 mile radius. Details must also include property name, address and phone number.

OFFICE USE ONLY

Amount Approved: _____

Denied:

Effective Date: _____

Initials: _____

PROCESS: Annual Interim