

The Housing Authority of Columbus, GA
1146 Martin Luther King Jr. Blvd.
Columbus, GA 31906
Fax # 706-571-2848
Email: section8caseworkers@columbushousing.org

RENT INCREASE REQUEST FOR HCV CLIENT

Remember HACG and the tenants/clients need a written 60-day notice of any rent increase prior to the tenant's/client's annual recertification. If faxing this request to HACG please print off the confirmation report indicating it was sent.

Date of Request: _____ Client Name: _____

Client Address: _____

Landlord Name: _____ Phone: _____

Landlord Fax #: _____ Landlord E-Mail: _____

Current rent \$ _____ Proposed rent increase \$ _____ Effective date: _____

Square Footage: _____ Year Built: _____ Bedroom Size: _____ Number of Bathrooms: _____

What utilities and/or fees are paid by the client/tenant: Gas/Electric/Water/Sewer Trash

What utilities are paid by landlord: Gas/Electric/Water/Sewer/Trash

Water heater (Gas/Electric) **Stove** (Gas/Electric) **Heat** (Gas/Electric)

A/C (Central/Window/None)

Appliances provided by the landlord: Stove: Yes/No Refrigerator: Yes/No

The program regulation requires the PHA to certify that the rent charge to the Housing Choice Voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of properties with more than 4 units must complete the following section for most recently leases comparable unassisted units within the premises:**

Address and unit #	Date leased	Rental Amount per lease

Please fax, mail, email or drop off the rent increase form 60-days prior to the rental increase effective date.

Warning: Title 18, Section 1002 of the U.S. code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or department of housing and Urban Development.