



REQUEST FOR RENTAL INCREASE

PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRETY; THIS REQUEST MUST BE RECEIVED IN OUR OFFICE 60 DAYS PRIOR TO THE HOUSING ASSISTANCE PAYMENT CONTRACT (HAP) ANNIVERSARY DATE. THESE FORMS MAY BE; EMAILED DIRECTLY TO TBOLES@SLHA.ORG, FAXED TO 314-289-7237 OR MAILED TO: ST. LOUIS HOUSING AUTHORITY, SECTION 8 DEPT. ATTN: T. BOLES – 3520 PAGE BLVD., ST. LOUIS, MO 63106.

DATE OF REQUEST:	
VENDOR NAME:	
VENDOR NUMBER:	
VENDOR ADDRESS:	
VENDOR CITY/STATE/ZIP:	
TELEPHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	

CLIENT NAME:	
CLIENT NUMBER:	
SECTION 8 UNIT ADDRESS <i>(APT # IF APPLICABLE):</i>	
UNIT CITY/STATE/ZIP:	<i>Check One:</i> <input type="checkbox"/> City <input type="checkbox"/> County

CURRENT RENT AMOUNT:	REQUESTED RENT AMOUNT:	APPROVED RENT AMOUNT: <i>To be determined/completed by SLHA</i>	DENIED
\$	\$	\$	

TAX CREDIT PROPERTY/UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, please attach applicable MHDC information)</i>
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REASON FOR APPROVED RENT INCREASE *(To be determined/completed by SLHA):*

AREA FAIR MARKET RATE COMPARABLES SUPPORT REQUESTED AMOUNT

REASON FOR DENIED RENT INCREASE *(To be determined/completed by SLHA):*

AREA FAIR MARKET RATE COMPARABLES DO NOT SUPPORT REQUESTED AMOUNT

**** COMPLETED RENT REASONABLENESS FORM S8RR3A ATTACHED – REQUIRED DOCUMENT****

**** I VERIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE.**

PRINT NAME

SIGNATURE

DATE

FOR SLHA OFFICE USE ONLY

APPROVED/PASSED INSPECTION DATE:	UNIT NUMBER:	HAP ANNIVERSARY DATE:
DATE PROCESSED:	RENT INCREASE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED BY:



Owner/Managing Agent/Organization/Development Name (IF APPLICABLE):

Section 8 Address & (APT #IF APPLICABLE):	Zip Code:	# Bedrooms	# Bathrooms	<input type="checkbox"/> City <input type="checkbox"/> County <i>Check applicable locale</i>	Square Footage:	Year Built:
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Structure Type: <u>Check One</u> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Townhouse/Rowhouse <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Semi-Detached/Duplex or 2 Family Flat <input type="checkbox"/> Garden/Walk-Up/Low Rise/Multi Family(3,4 or more Family Flat) <input type="checkbox"/> High-rise (5+ floors)	Class: <u>Check One</u> <input type="checkbox"/> New Construction <input type="checkbox"/> Newly Renovated <input type="checkbox"/> Renovated Last 2 – 4 years <input type="checkbox"/> Renovated Last 5 – 7 years <input type="checkbox"/> Renovated 7-10 years
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Amenities (check all applicable amenities): Provided and/or Paid by Owner

**Check Applicable Heat Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Heat **Check Applicable Cooking Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Cooking **Check Applicable Water Heating Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Water Heating <input type="checkbox"/> Owner Paid Electric <input type="checkbox"/> Owner Paid Water <input type="checkbox"/> Owner Paid Sewer <input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C # of units supplied by owner (___)	<input type="checkbox"/> Cable Included <input type="checkbox"/> Dryer <input type="checkbox"/> W/D Hookups/Connections <input type="checkbox"/> Dishwasher <input type="checkbox"/> Microwave <input type="checkbox"/> Stove/Range <input type="checkbox"/> Balcony / <input type="checkbox"/> Patio / <input type="checkbox"/> Deck/ <input type="checkbox"/> Porch **Check Applicable Item/s <input type="checkbox"/> Gated Entry/Community <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Playground <input type="checkbox"/> Lawn Care **Provided by Owner <input type="checkbox"/> Owner Paid Trash <input type="checkbox"/> Pest Control **Provided by Owner	<input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Washer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Pool/ <input type="checkbox"/> Fitness Center **Check Applicable Item/s Garage Parking <input type="checkbox"/> 1 / <input type="checkbox"/> 2 / <input type="checkbox"/> 3 **Check 1, 2 or 3 spaces Covered Space/s <input type="checkbox"/> 1 / <input type="checkbox"/> 2 (Carport Parking) **Check Applicable Item/s <input type="checkbox"/> Off Street Parking **Driveway, Parking Pad, etc. <input type="checkbox"/> Street Parking Assigned Parking <input type="checkbox"/> 1 / <input type="checkbox"/> 2 **Check 1 or 2 spaces	<input type="checkbox"/> Alarm/Security System <input type="checkbox"/> Extra Storage (Shed, Basement etc.) <input type="checkbox"/> Finished Basement <input type="checkbox"/> New/Well Maintained Flooring Carpet, Hardwood, Tile etc.) <input type="checkbox"/> Window Treatments (Blinds, drapes etc.) <input type="checkbox"/> Fireplace <input type="checkbox"/> Pet Friendly <input type="checkbox"/> Near Public Transportation <input type="checkbox"/> Community Room/Space <input type="checkbox"/> On-site Management <input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Elevator <input type="checkbox"/> Handicap Accessible
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By signing this form I certify acknowledge and understand that this Self Certification is true, correct, and complete and will be relied upon for purposes deemed necessary to participate in the Housing Choice Voucher program administered by the St. Louis Housing Authority. In addition, I understand that any misrepresentation may be considered fraud and may cause repayment of all payments made on behalf of the assisted household.

Print Name

Signature

Date



Request for Rental Increase Schedule

SLHA

OWNER/AGENT

HAP Anniversary Month	Request for HAP Increase Submittal Month**
January	October (<i>prior to November 1st</i>)
February	November (<i>prior to December 1st</i>)
March	December (<i>prior to January 1st</i>)
April	January (<i>prior to February 1st</i>)
May	February (<i>prior to March 1st</i>)
June	March (<i>prior to April 1st</i>)
July	April (<i>prior to May 1st</i>)
August	May (<i>prior to June 1st</i>)
September	June (<i>prior to July 1st</i>)
October	July (<i>prior to August 1st</i>)
November	August (<i>prior to September 1st</i>)
December	September (<i>prior to October 1st</i>)

****Those submitted prior to or after the submittal month will be DENIED.**