



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 RENTINCREASE@SLHA.ORG, MAILED OR DROPPED OFF TO:

ST. LOUIS HOUSING AUTHORITY, SECTION 8 DEPT. ATTN: MARKET ANALYST – 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>	
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>

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):

TAX CREDIT PROPERTY/UNIT YES NO (if yes, please attach applicable MHDC information)

Section 8 Address & <small>(APT # IF APPLICABLE):</small>	Zip Code:	# Bedrooms	# Full Baths	# Half Baths	Sqft	Year Built	<input type="checkbox"/> City <input type="checkbox"/> County <small>Check applicable locale</small>
Structure Type: <u>Check One</u> Single Family Detached Townhouse/Rowhouse Manufactured Home Semi-Detached/Duplex or 2 Family Flat Garden/Walk-Up/Low-Rise/Multi Family (3,4 or more family flat) High-Rise (5+ floors)		Class: <u>Check One</u> New Construction Newly Renovated Renovated Last 2 – 4 years Renovated Last 5 – 7 years Renovated 7-10 years					

****Amenities** (check all applicable amenities): *Provided and/or Paid by Owner must match HUD form 52517*

**Check Applicable Heat Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Cable Included	Ceiling Fans	<input type="checkbox"/> Alarm/Security System
<input type="checkbox"/> Owner Paid Heat	<input type="checkbox"/> Dryer	Washer	<input type="checkbox"/> Extra Storage (Shed, Basement etc.)
**Check Applicable Cooking Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> W/D Hookups/Connections	Onsite Laundry	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Owner Paid Cooking	<input type="checkbox"/> Dishwasher	Garbage Disposal	<input type="checkbox"/> New/Well Maintained Flooring Carpet, Hardwood, Tile etc.)
**Check Applicable Water Heating Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Microwave	Refrigerator	<input type="checkbox"/> Window Treatments (Blinds, drapes etc.)
<input type="checkbox"/> Owner Paid Water Heating	<input type="checkbox"/> Stove/Range	Pool Fitness Center **Check Applicable Item/s	<input type="checkbox"/> Fireplace
<input type="checkbox"/> Owner Paid Electric	Balcony Patio Deck Porch **Check Applicable Item/s	Garage Parking 1 2 3 **Check 1, 2 or 3	<input type="checkbox"/> Pet Friendly
<input type="checkbox"/> Owner Paid Water	Gated Entry/Community	Covered Space/s 1or 2 (Carport Parking) **Check 1 or 2	<input type="checkbox"/> Near Public Transportation
<input type="checkbox"/> Owner Paid Sewer	Fenced Yard	Off Street Parking **Driveway, Parking Pad, etc	<input type="checkbox"/> Community Room/Space
<input type="checkbox"/> Central Air	Playground	Street Parking	<input type="checkbox"/> On-site Management
<input type="checkbox"/> Window/Wall A/C # of units supplied by owner ()	Lawn Care **Provided by Owner	Assigned Parking 1 / 2 **Check 1 or 2	<input type="checkbox"/> Maintenance Staff
	Owner Paid Trash		<input type="checkbox"/> Elevator
	Pest Control **Provided by Owner		<input type="checkbox"/> Handicap Accessible

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.**