



REQUEST FOR RENTAL INCREASE

PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRETY.

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 (APT # IF APPLICABLE)	
CITY/STATE/ZIP:	Check One: ☐ City ☐ County

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

TAX CREDIT PROPERTY/UNIT	☐ YES ☐ NO	(if yes, please attach applicable MHDC information)
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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: ☐ YES ☐ 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 & (APT # IF APPLICABLE):	Zip Code:	# Bedrooms	# Full Baths	# Half Baths	Sqft	Year Built	☐ City ☐ County Check applicable locale
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Structure Type: Check One

- ☐ 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: Check One

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