

SPRINGFIELD HOUSING AUTHORITY
SECTION 8 PROGRAM
RENTAL INCREASE REQUEST FORM

To: Springfield Housing Authority
200 N. 11th Street
Springfield, IL 62703

From: _____

_____, _____

RE: Tenant's Name: _____
Address: _____
_____, _____

**RENTAL INCREASES MAY ONLY BE SUBMITTED 60-90 DAYS
PRIOR TO EXPIRATION OF THE HAP CONTRACT!**

This notice is submitted as an official request for annual rent increase in the amount of \$_____ (amount of increase) for the above named property effective _____.

You are hereby notified that the requested rent for the lease term for the above-named unit is \$_____.

The reason(s) for the requested rent increase is described below.

During the past year:

_____ Property taxes increased approximately \$_____ (amount of increase)

_____ Insurance cost increased approximately \$_____ (amount of increase)

_____ The following maintenance items and or improvement were made: _____

_____ The rates for the following utilities, which are included in the rent, have increased \$_____ (amount of increase) Please indicate which utilities this includes: _____ Electric _____ Water _____ Gas _____ Garbage

_____ Other increased cost(s) are: _____

RENT COMPARABILITY:

The rent on similar units has been raised to \$_____ effective _____.

Landlord Signature

Date

Tenant Signature

Date