

Rent Increase Request Form
Housing Choice Voucher (HCV) Program
Virginia Housing / Campbell County Social Services
PO Box 860, Rustburg, VA 24588 • (434) 283 -9762 or (434) 283-9765

REQUESTS MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE EFFECTIVE DATE OF THE RENT INCREASE. RETURN COMPLETED FORM ALONG WITH YOUR RENT INCREASE LETTER TO: LISA.CARWILE@DSS.VIRGINIA.GOV

BRANDY.THOMPSON@DSS.VIRGINIA.GOV

Property and Participant Information

Landlord Name: _____ Landlord's Telephone #: _____

Landlord's Email: _____ Participant's Name: _____

Unit Address: _____ City _____ State _____ Zip _____

of Bedrooms: _____ # of Bathrooms: _____

Type of Residence (select one):

House Apartment Townhouse Mobile Home

Amenities Provided by Property Owner

- Washer/Dryer Dishwasher Lawn Maintenance
 W/D Hookups Storage Other _____
 Ceiling Fans Porch / Balcony / Deck

Rent Increase Request

New Contract Rent Request: _____ Effective Date of Rent Increase: _____
(1st of the month)

Owner / Agent Signature: _____ Date: _____

Determination

Pursuant to Section B, 6 of the HAP contract, the Housing Choice Voucher Program Staff, has reviewed your rent increase request to determine if the rent requested is reasonable and that it does not exceed other comparable market rate rents. The following Rent Determination has been made:

- APPROVED** Your rent increase request is reasonable with other market rate rents and will be effective _____.
- ADJUSTED** Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjusted rent amount is \$ _____, effective _____. (If you disagree with this decision, please contact our office within ten (10) business days).
- DENIED** Your rent increase request is not comparable at this time. The rent amount will remain the same at this time. (If you disagree with this decision, please contact our office within ten (10) business days).

Housing Specialist Signature: _____ Date: _____