

Instructions:

Landlords/owners may request one rent adjustment per unit every twelve (12) months, usually at the end of the lease term. To do so, you must submit this form at least 60 days before the requested rent change effective date. If it is submitted later, the change will take effect on the first day of the third month after we receive the request.

The Grand Rapids Housing Commission (GRHC) will review your request to ensure the rent is reasonable. You will be notified of the decision whether your request is approved and processed or denied. As a reminder, by accepting housing assistance payments (HAP), landlords/owners certify that the rent charged is not higher than for comparable unassisted units on the property, and you may need to provide rent details for other units as part of the GRHC review.

Tenant and Owner Information

Tenant Information

Last Name:		First Name:		Middle Name:	
Address:					
City:		State:		Zip Code:	

Landlord/Owner Information

Owner/Company Name:					
Agent Name (if applicable):					
Address:					
City:		State:		Zip Code:	
Email:		Phone:		Fax:	

Property Description

Year Built:		Unit Size - Bedrooms: (check one)	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six		
Unit Type: (check one)	<input type="checkbox"/> Single-Family Detached <input type="checkbox"/> Semi-Detached/Duplex <input type="checkbox"/> Row House/Townhouse <input type="checkbox"/> Low-Rise/Garden <input type="checkbox"/> High-Rise with Elevator <input type="checkbox"/> Manufactured Home				
Unit Amenities: (check all that apply)	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Washer/Dryer Hookup <input type="checkbox"/> Drapes/Blinds <input type="checkbox"/> Garbage Disposal				

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REASONABLE ACCOMMODATION NOTICE: IF YOU REQUIRE ASSISTANCE OR A REASONABLE ACCOMMODATION TO COMPLETE THIS FORM DUE TO A DISABILITY, PLEASE CONTACT OUR OFFICE AT 616-235-2600. WE ARE COMMITTED TO ENSURING EQUAL ACCESS TO OUR SERVICES AND WILL PROVIDE APPROPRIATE ASSISTANCE TO HELP YOU COMPLETE THIS FORM.

Utility Information

Utility Types

Please provide the appropriate energy source for each area below by checking the corresponding line.

Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other (<i>specify</i>) _____
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other (<i>specify</i>) _____
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other (<i>specify</i>) _____

Utility Responsibility Assignment

For each utility listed below, please indicate whether it is the responsibility of the landlord/owner or the tenant by checking the corresponding line. Mark "Yes" or "No" in the final column to indicate if the responsibility has changed since the original Request for Tenancy Approval or the most recent contract rent adjustment, if applicable.

Important: Section 18 of the Tenancy Addendum (HUD-52641A) says that changes to lease terms, like utility or appliance responsibility, *without GRHC approval*, are a contract breach and may cause stopped payments or contract termination.

Utility Type	Utility Paid By	Responsibility Change
Heating	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heating	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Electric	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash Collection	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Conditioning	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigerator	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Range/Microwave	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (<i>specify</i>): _____	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rent Change Request

Current Rent:	\$ _____	Requested Rent:	\$ _____	Requested Effective Date:	_____
Reason for Change:	_____				

(Continued on next page)

Comparable Assisted Units

If requesting an adjustment for a multifamily complex, complete the section below on comparable unit details.

Comparable Unit 1

Address:				Unit Number:	
City:		State:		Zip Code:	
Date Unit Rented:		Unit Contract Rent:	\$ _____		

Comparable Unit 1

Address:				Unit Number:	
City:		State:		Zip Code:	
Date Unit Rented:		Unit Contract Rent:	\$ _____		

Comparable Unit 1

Address:				Unit Number:	
City:		State:		Zip Code:	
Date Unit Rented:		Unit Contract Rent:	\$ _____		

Notice of Federal Penalties for False Statements (18 U.S.C. § 1001)

Federal law (18 U.S.C. § 1001) prohibits giving false or misleading information to the U.S. Government, including for housing programs administered by the Grand Rapids Housing Commission (GRHC) and the Department of Housing and Urban Development (HUD). This includes lying, hiding important facts, or submitting documents with false information. Violations may result in fines and up to 5 years in prison (or up to 8 years for certain serious offenses).

Landlord/Owner Signature

I certify that the information provided about the tenant and the unit is true and complete to the best of my knowledge. I understand that providing false or misleading information on this form may be considered fraud and result in criminal penalties under federal law.

_____ <i>Landlord/Owner Signature</i>	_____ <i>Date (MM/DD/YYYY)</i>
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Return Instructions

Preferred Method	Email
Please scan and email the completed, signed form to:	ic@grhousing.org
Alternate Method	Fax or Mail
If email is <u>not possible</u> , you may return the form to:	Grand Rapids Housing Commission Attn: _____ 1420 Fuller Avenue, S.E. Grand Rapids, MI 49507 Phone: (616) 235-2600 Fax: (616) 235-2660