



LICKING METROPOLITAN HOUSING AUTHORITY

144 West Main Street, Newark, OH 43055

Phone: 740-349-8069 • FAX 740-349-7132

TDDY: 800-750-0750

On the Web: www.lickingmha.org

RENT REVIEW REQUEST FORM

Rent Increase Guidelines

To approve a rent increase, the following must be met:

- The unit must have met the requirement of HQS at the most recent inspection
- The amount of the increase is subject to LMHA's rent reasonableness standards
- Only one increase will be approved in a 12 month period

Landlords/Owners may request a rent increase annually. For each tenant eligible for a rent increase, a copy of the **Rent Review Request Form** and a **60-day notice** to each tenant must be completed and sent to LMHA. If approved, rent increases will become effective the first of the month following 60 days after LMHA receives the request/s.

Information in This Area for Property Owner

Tenant Name: _____

Unit Address: _____

Unit Type: _____

Bedroom Size: _____

Current contact rent: \$ _____

Requested new rent: \$ _____

Date rent increase to start: _____

Reason for rent increase: _____

Owner-paid utilities: _____ Gas _____ Electric _____ Water & Sewer

_____ Trash _____ Range _____ Refrigerator

Tenant-paid utilities: _____ Gas _____ Electric _____ Water & Sewer

_____ Trash _____ Range _____ Refrigerator

Tenant utility change: _____ Gas _____ Electric _____ Water & Sewer

_____ Trash _____ Range _____ Refrigerator

Do you supply the range and refrigerator? _____ Yes _____ No

Owner Name: _____

Owner Address: _____

Owner Phone: _____

A copy of the notice you give the tenant MUST accompany this request.

Please submit to LMHA: 144 W. Main St. Newark, OH 43055

For LMHA Use Only – Increase Decision Form

Last Rent Increase: _____ Annual Due: _____

Requested Increase Approved: _____ Requested Increase Declined: _____