



LICKING METROPOLITAN HOUSING AUTHORITY

144 W. Main Street, Newark, OH 43055

Ph: 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 requests.

Information in This Area for Property Owner

Tenant Name: _____

Unit Address: _____

Current Contract Rent: _____ **Unit Type:** _____ **Bedroom Size:** _____

Tenant Supplied Utilities: _____ Gas _____ Electric _____ Water and Sewer
_____ Trash _____ Range _____ Refrigerator

Requested Rent: _____

Tenant Utility Structure Change: _____ Gas _____ Electric _____ Water and Sewer
_____ Trash _____ Range _____ Refrigerator

Owner Name: _____ **Owner Phone:** _____

Owner Address: _____

**Mail rent increase form and 60 day notice to LMHA, 144 W. Main St., Newark , Oh 43055
Attn: Nikki Brewer**

For LMHA Use Only

Rent Increase Decision Form

Family Subsidy Size: _____ *Program Type:* _____

Requested Increase Approved: _____ *Requested Increase Declined:* _____

LMHA Representative: _____

Date: _____