



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: _____

Unit Type: _____ Bedroom Size: _____

Current Contract Rent: \$ _____ Requested New Rent \$ _____

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

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Mail rent change form and 60-day notice to LMHA, 144 W. Main St., Newark, Oh 43055

For LMHA Use Only
Rent Increase Decision Form

Last Rent Increase: _____ Annual Due: _____

Requested Increase Approved: _____ Requested Increase Declined: _____