



# Lake Metropolitan Housing Authority

189 First Street · Painesville, Ohio 44077  
(440) 354-3347 · (440) 354-5008 Fax  
[www.lakehousing.org](http://www.lakehousing.org)  
TDD/TTY: 711 or 1-800-750-0750



## Landlord Request for a Rent Increase

Please make any request for annual rent increases, in writing, by returning this form at least sixty (60) days prior to the effective date of the requested rent increase. Please note, the approval of all rent increases is strictly based on the results of a rent reasonableness test conducted by Lake Metropolitan Housing Authority. A rent increase will not take effect until approved, and a Rent Reasonableness test is completed.

Requests for rent increases are permitted if all the below items are true:

- 1) The tenant has resided in the unit for one year
- 2) It has been a least one year since the last rent increase
- 3) The unit for which the rent increase is being requested has passed an HQS Inspection within the past year and is not currently in failed status

**NOTE: There is a possibility that a request for a rent increase may result in a rent decrease due to the current rent reasonableness standards.**

**IF TENANT SIGNATURE IS NOT AVAILABLE, YOU MUST INCLUDE A COPY OF THE PROPER RENT INCREASE NOTICE PROVIDED TO TENANT.**

Please complete the following questions and return to Lake Metropolitan Housing Authority (Attn: **Carissa Johnson**) for processing.

1. Current HAP Contract Rent: \$ \_\_\_\_\_
2. Requested HAP Contract Rent: \$ \_\_\_\_\_
3. Requested Effective Date of Increase: \_\_\_\_\_
4. Please state why you are requesting a rent increase:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

\_\_\_\_\_  
Landlord Name

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Landlord City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Tenant Address

\_\_\_\_\_  
Tenant City, State, Zip Code

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date received by Lake MHA