



# 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 complete form in full and return it to Lake Metropolitan Housing Authority:

**(Attn: Carissa Roberti)([croberti@lakemetrohousing.org](mailto:croberti@lakemetrohousing.org))**

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 at 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

1. Current HAP Contract Rent: \$ \_\_\_\_\_

2. Requested HAP Contract Rent: \$ \_\_\_\_\_

3. Requested Effective Date of Increase: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 60 days from date this form is completed)

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

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

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature & Date

**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.**