

HOUSING AUTHORITY OF LANCASTER

3502 Caroline Court – P.O. Box 1235
LANCASTER, SOUTH CAROLINA 29721
VOICE/TDD (803) 285-7214 - FAX (803) 283-2049

REQUEST FOR RENT INCREASE

TO BE COMPLETED BY LANDLORD:

Landlord's Name: _____

Address: _____
City State Zip

Phone Number: _(_____) _____

Tenant's Name: _____

Address of Assisted Unit: _____

Rent: Current-\$ _____ Increase amount requested-\$ _____

Reason for increase: _____

Signature Owner/Agent _____ Date: _____

HOUSING AUTHORITY OF LANCASTER USE ONLY

◆ Comparable assisted units in the same area:

Address _____ Rent \$ _____

Any utilities and/or service(s) included _____

Any amenities included _____

Address _____ Rent \$ _____

Any utilities and/or service(s) included _____

Any amenities included _____

◆ Is increase comparable to other units in the areas? Yes No

◆ Does rent increase exceed tenants 30% income limit? Yes No

◆ Does HAP increase? Amount: \$ _____ Yes No

◆ Sufficient funding for HAP Increase? Yes No

◆ Request Increase: Approved Denied

◆ System updated: Rent increase effective: _____ Notification Sent: Landlord Tenant

Comments: _____

Signature: _____
Section 8 Coordinator Executive Director

Date: _____