HOUSING AUTHORITY OF THE CITY OF LAREDO

Housing Choice Voucher Program
2000 San Francisco Ave. Laredo, TX 78040
Phone: (956)722-0221 ● Fax: (956)753-4113
E-mail: hcv@larha.org

REQUEST FOR RENTAL CHANGE

Participating landlords in the Housing Choice Voucher Program may request a rental change after the initial year lease term. In order to be approved, this form must be completed with landlord signature. This form must be submitted to LHA for approval **60 days prior to the anniversary date** for the consideration and does not provide an "automatic approval"for the rental increase requested.

LHA will determine if the requested rent is reasonable by comparing your rent to those of equivalent units in the private market. If LHA determines your proposed rent is not reasonable, LHA must deny your request**. If the rent comparable study results in an amount lower than your current rent, LHA must decrease the rent amount in accordance with HUD regulations**.

TO BE COMPLETED BY THE OWNER/LANDLORD
Tenant Name:_____
Current Address:_____
City:_____State:_____Zip code:_____
Landlord/Payee Name:_____
Landlord/Payee Phone Number:_____
What is the current rent for unit? $_____
What is requested new rent for unit? $_____

Reason(s) for requesting this rental increase:
(Please provide a brief explanation and supporting documentation for the request)

- ☐ Increased of cost insurance premiums
- ☐ Increase in property tax rates
- ☐ Other

PleaseExplain):_____
_____
_____

By executing this request, I certify that the unit is in decent, safe and sanitary condition and the participant is in compliance with the terms and condition of the lease agreement.

_____ _____
Landlord/Owner/Agent Signature Date

LHA Official use only			
☐ Rent Increased	☐ Rent Decreased	☐ Rent Denied	
Unit type:	Year built:	Unit Size:	Anniversary Date: / /
Processed by:_____Approved contract rent: $_____per month Notes:_____			