

ERIE METROPOLITAN HOUSING AUTHORITY
322 WARREN ST.
SANDUSKY, OH 44870
419-625-0262 PHONE / 419-625-0410 FAX

REQUEST FOR RENT INCREASE

Date: _____
From Landlord: _____

To: Erie Metropolitan Housing Authority
322 Warren St., Sandusky, OH 44870
Attn: ADMINISTRATION
Tenant Name: _____
Unit Address: _____
City, State, Zip: _____

<u>For Internal Use Only</u>
Date/Time Received Stamp: _____
Given to Inspector: _____ Date Given to Inspector: _____ Given to Inspector By: _____
Given to Case Manager: _____ Date Given to Case Manager: _____ Given to Case Manager By: _____

I am hereby requesting a rent increase from \$ _____ to \$ _____ for the lease term for the above-named unit.

The reasons for the requested change are those checked and described below. During the past year:

_____ Property taxes increased approximately \$ _____

_____ Insurance costs increased approximately \$ _____

_____ The following maintenance items and/or improvements were made (documentation attached): _____

_____ The rates for the following utilities, which are included in the rent, have increased (documentation attached):
_____ Heat _____ Water _____ Sewer _____ Garbage _____ Other _____

_____ Other increased costs are (documentation attached): _____

_____ Rent Comparability: The rent on other unsubsidized units I own (address: _____) have been raised to \$ _____ effective on _____. (Copy of executed lease provided for documentation purposes). ***The unit listed is not a subsidized unit through EMHA, any other HUD or subsidized government program.***

Owner Signature

Date

Rent Reasonableness Unit Data Sheet For Comparable Units Submitted by Landlords

PHA: Erie Metropolitan Housing Authority

Name of Landlord Providing Data: _____ Date Provided: _____

Telephone Number for Verification of Provided Data: _____

1. Unit Address and Unit Owner Data:

Street Address with Apartment Number as needed _____

City, State, Zip Code _____

Name of Owner/Agent _____

Phone Number (Day) _____ (Evening) _____

2. Unit Type

Check	Dwelling type	Definition
<input type="checkbox"/>	Single Family	One family unit.
<input type="checkbox"/>	Duplex	Two units in one building with at least one unit being on one floor.
<input type="checkbox"/>	Townhouse	Two or more attached units with each unit having two or more floors.
<input type="checkbox"/>	Row House	A dwelling unit in a line of dwelling units attached at the side or rear by means of common walls. Unit is on one floor.
<input type="checkbox"/>	Manufactured Homes/Mobile Homes	A house that is assembled in a factory.
<input type="checkbox"/>	Garden/Walkup /Apartment Multifamily	Building has 2-4 stories and the unit is on one floor.
<input type="checkbox"/>	High Rise	Building with five or more stories and the unit is on one floor.

3. Unit Size

<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	SQ. Footage
--------------------------------	---------------------------------	--------------------------------	-------------

4. Number of Bedrooms	5. Number of Bathrooms
------------------------------	-------------------------------

6. Age of Comparable

<input type="checkbox"/> 0-5 Years	<input type="checkbox"/> 6-20 Years	<input type="checkbox"/> 21-50 Years	<input type="checkbox"/> 50+ Years
------------------------------------	-------------------------------------	--------------------------------------	------------------------------------

7. Amenities

Owner Provided Amenities	
Check	Description
<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	Ceiling Fans
<input type="checkbox"/>	Central Air (if not a requirement)
<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Covered Parking/Off Street Parking
<input type="checkbox"/>	Window Air
<input type="checkbox"/>	Washer/Dryer Hookups
<input type="checkbox"/>	Laundry Facilities
<input type="checkbox"/>	Working Fireplace
<input type="checkbox"/>	Carpeting
<input type="checkbox"/>	Refrigerator
<input type="checkbox"/>	Range
<input type="checkbox"/>	Cable/Internet Ready
<input type="checkbox"/>	Security System
<input type="checkbox"/>	Modern Appliances
<input type="checkbox"/>	Energy Efficient Certified Unit
<input type="checkbox"/>	Handicap Accessible
<input type="checkbox"/>	Basement/Attic
<input type="checkbox"/>	Business/Fitness Center
<input type="checkbox"/>	Deck/Balcony/Patio/Porch
<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Garage
<input type="checkbox"/>	Playgrounds/Courts
<input type="checkbox"/>	Yard Sprinkler System

<input type="checkbox"/>	Pool
<input type="checkbox"/>	Fenced
<input type="checkbox"/>	Hardwood Floors
<input type="checkbox"/>	Clubhouse
<input type="checkbox"/>	Storage
<input type="checkbox"/>	Ceramic Tile Floor
<input type="checkbox"/>	Other

8. Owner Paid Utilities

Check	Item
<input type="checkbox"/>	Heating
<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Other Electric
<input type="checkbox"/>	Air Conditioning
<input type="checkbox"/>	Water Heating
<input type="checkbox"/>	Water
<input type="checkbox"/>	Sewer
<input type="checkbox"/>	Trash Collection
<input type="checkbox"/>	None

9. Monthly Rent \$ _____

10. Maintenance

Check	Item
<input type="checkbox"/>	On-site Maintenance
<input type="checkbox"/>	Off-site