RENT INCREASE REQUEST CHECKLIST

☐   I have signed the request form at the bottom of the last page

☐   I am also providing a 60-day notice of rent increase that I have provided to the tenant.

☐   The completed application is being submitted to the BHA 60-days in advance of the rent increase effective date.

☐   The unit is not on stop payment for any reason.

☐   The request form is complete and accurate.

Completed request forms and 60 day notices may be submitted to:
rentincrease@bostonhousing.org

BOSTON HOUSING AUTHORITY
Leased Housing Inspection
52 Chauncy Street
Boston, Massachusetts 02111

Phone: 617-522-0048
Fax: 617-524-9134
TDD: 800-545-1833 x420
www.BostonHousing.org

(This information is available in alternative format upon request.)

RENT INCREASE REQUEST FORM

The BHA must receive this completed form **AND** the 60 day notice of rent increase that was sent to the tenant at least 60 days in advance of the effective date of a rent increase. *Note:* If the unit is in abatement due to a failed inspection the request will be automatically denied.

Participant Name		**Complex Name** (if applicable)			
Unit Street Address				**Apt #**	
City, State, Zip Code					
Owner/Company Name					
Email		**Telephone**			
Mailing Address					
City, State, Zip Code					
Managing Agent Name (if applicable)					
Email		**Telephone**			

Structure Type	☐ Single Family Detached ☐ Duplex or 2-3 Family ☐ Garden/Walkup ☐ Elevator/High-Rise
Current Rent $	**Requested Rent** $
# of Bedrooms **# of Bathrooms**	**Proposed Effective Date**

Utilities	Are there changes in the utility responsibilities from the initial lease?	☐ YES	☐ NO
If YES, please note changes here:			

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RENT ROLL

Please complete the Rent Roll below for all units at the complex / site where the subject unit is located. Please include both Market and Subsidized units. All rents listed below are subject to additional verification of leases.

Number of Units at the Complex / Site	
Number of Private Market Units	
Number of Subsidized Units	

Apartment Unit Number	Number of Bedrooms	Current Rent	Lease Date	Private Mkt or Subsidized

Indicate if there are any of the subsidy types below at the property:					
☐ Section 202	☐ Section 221	☐ Section 236	☐ Section 515	☐ HOME	☐ LIHTC

I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I certify that the rent requested does not exceed the rent charged for other comparable unassisted units within the premises.

Property Owner Signature		**Date**	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.