

FOR OFFICE USE ONLY:

RECERT MONTH: \_\_\_\_\_ CW: \_\_\_\_\_



**Housing Choice Voucher (Section 8) Program**  
400 U.S. Highway #1, (Marion Gardens), Jersey City, New Jersey 07306  
(201) 706-4677/4678 [www.jerseycityha.org](http://www.jerseycityha.org)

**HOUSING CHOICE VOUCHER (SECTION 8) RENT INCREASE REQUEST FORM**

**ATTN: LANDLORDS/MANAGEMENT AGENTS**

The Housing Choice Voucher (Section 8) Program requires that a written request (provided below) for an annual rent increase be submitted by the landlord/management agent. **This written request must be submitted to the Section 8 Office at least (120) days before the anniversary date of the Housing Assistance Payment contract.**

**There are no automatic annual rent increases. All increases are based on rent reasonableness (i.e. rents of comparable non-assisted apartments).**

Rent increases cannot occur during the first 12 months of a new contract. For a multi-family apartment building or complex having 3 or more units under the Building Rent Program, please submit your current rent schedule or a rent roll to be reviewed.

Thank you for your cooperation and for your continued participation in the Housing Choice Voucher (Section 8) Program.

I \_\_\_\_\_, am requesting an increase in the rent for \_\_\_\_\_,

who resides at: (Street Address): \_\_\_\_\_ (Apt/FI): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

This request in the amount of \$ \_\_\_\_\_ is warranted because of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**For the purposes of the rent study, please check the amenities included with the unit from the following list:**

<input type="checkbox"/> Basement/Attic	<input type="checkbox"/> Business/Fitness Center	<input type="checkbox"/> Cable/Internet ready	<input type="checkbox"/> Carpeting
<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Central A/C Unit	<input type="checkbox"/> Ceramic Tile Floors	<input type="checkbox"/> Clubhouse
<input type="checkbox"/> Covered and/or Off-street Parking	<input type="checkbox"/> Deck/Balcony/Patio/Porch	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Elevator
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Energy Efficient Cert Unit	<input type="checkbox"/> Fenced	<input type="checkbox"/> Garage
<input type="checkbox"/> Modern Appliances	<input type="checkbox"/> Handicap Accessible	<input type="checkbox"/> Hardwood Floors	<input type="checkbox"/> Laundry Facilities
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Playground/Courts	<input type="checkbox"/> Pool	<input type="checkbox"/> Range
<input type="checkbox"/> Window/Wall A/C Unit	<input type="checkbox"/> Security System	<input type="checkbox"/> Storage	<input type="checkbox"/> Washer/Dryer Hookups
	<input type="checkbox"/> Working Fireplace	<input type="checkbox"/> Yard Sprinkler System	

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Federal ID or Social Security No.

**ONLY E-mail: [rentincrease@jcha.us](mailto:rentincrease@jcha.us) and ask for a confirmation of receipt.**