



Rent Increase Request Form
 Housing Choice Voucher (HCV) Program
 Fairfax County Redevelopment and Housing Authority

FCRHA USE ONLY	
Date Received:	_____
Date Approval/Denial Sent:	_____

**ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE EFFECTIVE DATE OF RENT INCREASE. RETURN COMPLETED FORM ALONG WITH YOUR RENT INCREASE LETTER TO:
 DHCDhcvlistings@fairfaxcounty.gov**

Property and Participant Information

Landlord Name _____ Property Name (if applicable) _____
 Landlord's Email _____ Participant Name _____
 Unit Address _____ City _____ Zip _____
 Sq.Feet: _____ # of BED-rooms: _____ # of Bathrooms: _____ Total # of Units in Building/Complex: _____
 Type of Residence (select one):
 House Townhouse Apartment Condo Mobile Duplex Row House

Amenities Provided by Property Owner

Washer/Dryer	W/D hookups	Dishwasher	Garbage Disposal
Porch	Balcony	Deck	Ceiling Fan
Lawn Maintenance	Pest Control	Alarm System	Pool
Garage Parking	Carport Parking	Other: _____	

Rent Increase Request

New Contract Rent Request: _____ Effective Date of Rent Increase: _____
starts the 1st of the month
 Month to Month OR Lease renewal Period: _____ Day-Time Phone #: _____
 Owner/Agent Signature: _____ Date: _____

FCRHA Rent Determination

Pursuant to Section B, 6 of the HAP contract, the Fairfax County Redevelopment and Housing Authority (FCRHA), has reviewed your rent increase request to determine if the rent requested is reasonable and that it does not exceed other comparable market rate rents. The following details FCRHA's decision:

- YES** Your rent increase request is reasonable with other market rate rents and will be effective on _____.
- ADJUSTED** Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjusted rent amount is \$ _____, effective on _____. (If you disagree with this decision, please contact the HSS with-in ten days.)
- NO** Your rent increase request is not comparable at this time. The rent amount will remain the same at this time. (If you disagree with this decision, please contact the HSS with-in ten days)

HSS: _____ Date: _____



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services, and activities. Special accommodations will be provided upon request. Please allow for seven working days for preparation of materials. For information call 703-246-5101 or TTY711.

**RETURN COMPLETED FORM TO:
 DHCDhcvlistings@fairfaxcounty.gov**

Department of Housing and Community Development
 3700 Pender Drive, Suite 100
 Fairfax, VA 22030-6039
 Tel.703-246-5280 • Fax 703-653-1383 • TTY 711
 www.fairfaxcounty.gov/housing