



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 THE HOUSING CASEWORKER AND TO: hcvlistings@fairfaxcounty.gov

Property and Tenant Information

Landlord Name _____ Property Name (if applicable) _____
 Landlord's Email _____ Tenant Name _____
 Unit Address _____ City _____ Zip _____
 Sq. Feet: _____ # of BED-rooms: _____ # of Full BATH-room: _____ # of Half BATH-room: _____ Year Built: _____
 Type of Residence (select one):
 Garden High-rise Low-rise Mid-rise Single/House Townhouse/Rowhouse Mobile

Amenities Provided by Property Owner

Washer/Dryer In-unit	Garage/Covered Parking	Balcony/Patio
Hardwood Floor	Window A/C	Landlord Provided Stove
Upgraded Kitchen	Central A/C	Landlord Provided Refrigerator
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. Reasonable accommodations will be provided upon request. For information, call 703-246-5101, TTY:711.

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 Fairfax, VA 22030-6039
 Tel. 703-246-5280 • Fax 703-653-1383 • TTY 711
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