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RENT INCREASE REQUIREMENTS/INSTRUCTIONS

All requests for rent increases must be submitted to the Housing Choice Voucher program on INLIVIAN-approved forms within INLIVIAN-prescribed timeframes. Rental increases should be emailed to: rentalincrease@inlivian.com to ensure faster processing. One (1) completed "Request for Rent Increase" form must be submitted for each (1) assisted unit for which a rental increase is being requested.

To be eligible for a rent increase, all requests must meet the following:

- **Rental increase requests may not be submitted more than once in a calendar year.**
- **Submit no sooner than 90 – 120 days prior to the effective date of the last increase.**
- **If you are renewing your lease, please provide INLIVIAN a copy of the lease renewal.**
- **The assisted unit must not be in abatement or HAP contract termination status.**
- **No duplicate submissions**

Within sixty (60) business days of the HAP contract anniversary date or date of receipt of request (whichever applies), INLIVIAN will approve or reject a rental increase request, INLIVIAN will approve or reject a rental increase request. **Please be sure that you issue your tenant a 60-day notice indicating the amount you wish to increase the rent to and the effective date of the increase and provide a copy of this notice to INLIVIAN. If you execute a new lease please provide a copy of the new lease also.**

Please read: A landlord/owner may appeal INLIVIAN's decision to reject the request (in whole or part) for reasons other than:

- (a) insufficient funds to support the request or;
- (b) where a request has been submitted for an amount above the established percent increase allowed. The established percentage amount is 2% if the gross rent exceeds (greater than) the payment standard assigned to the family. Note: Gross rent is the current rent and the utility allowance assigned to the unit. The payment standard is based on the lessor of the family's voucher size or unit size. Example: A family could have a 2-bedroom voucher and reside in a 3- bedroom unit, the payment standard would be based on the 2-bedroom voucher in this example.

Appeals other than reasons above, should be in writing and must be received by the Housing Choice Voucher program within (5) business days of the date of the rejection notice. Please send appeals to chankerson@cha-nc.org.



REQUEST FOR HCV RENTAL INCREASE

Landlord Information

Landlord/Owner Name: Phone #:

Mailing Address: Email Address:

Participant Information

Family Name : Current Contract Rent:
Street Address: Does lease allow for rent increases?
Unit # City, St., Zip
Contract Effective Date: Tax Credit sites: rent cap for unit size:
*Desired New rent amount: \$

Property Information

Structure Type: (check one) High Rise (5 or more stories) Low Rise (3-4 stories)
Row House/Town House/Condo Duplex/Two Family Single Family
of Bedrooms # of Bathrooms Sq. Footage Year Built
(Do not include garage, storage or other non-livable space in SQ. FT.)

Amenities Provided by Owner: (check all that apply)

Laundry Type: Washer/Dryer Washer Dryer Washer/Dryer Connections Onsite Laundry
Dishwasher: Yes No Garbage Disposal: Yes No Microwave: Yes No
Parking Type: 1-Car Garage 2-Car Garage Covered Space Driveway Unassigned
Swimming Pool: Yes No Stove: Yes No Refrigerator: Yes No
Exterior Features: Porch Balcony Deck Patio Lawn Service: Yes No

Utility Arrangements:

Heating Fuel Gas Electric Oil Bottle Gas/Propane Owner Tenant
Cooking Fuel Gas Electric Oil Bottle Gas/Propane Owner Tenant
Hot Water Gas Electric Oil Bottle Gas/Propane Owner Tenant
Water City Well Owner Tenant
Sewer City Septic Tank Owner Tenant
Cooling System Central Window Unit Heat Pump
Heating System Central Heat Pump Baseboard Boiler Radiator Wall Unit

I certify that the above information is true and accurate and I understand that INLIVIAN may confirm the validity of this information. If INLIVIAN confirms that any portion of the above is found to be untrue the INLIVIAN may reject the increase in part or total.

Owner Signature

Date