EVERETT HOUSING AUTHORITY

RENT INCREASE REQUEST

Email completed form to inspections@evha.org. Form must be received at least 60 days prior to requested date of rent change.

The following information is required.

Tenant name:
Unit Address:
Requested effective date of rent increase:
Contract Rent requested: $
Lease term: ☐ Month to month ☐ 6-month ☐ 12-month ☐ Other: Note: Month to month fees must be included in contract rent.

If the property has more than 4 units, please provide the rent charged for the most recently leased, comparable, unassisted units.

Unit # or Address	Move in date	Rent charged
		$
		$
		$

The following information is not required, but will help us conduct the most accurate rent reasonableness determination.

Number of bedrooms:
Number of bathrooms:
Square footage:
Please describe any improvements that have been made to the unit that are the basis for the requested rent increase: