



SECTION 8 OFFICE

700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322

PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY	
Form #:	879
Subsidy #:	
Unit #:	
Effective Date:	

**Rent Increase/Decrease Form: Fax completed form to: 206-902-9830 or email [Rentrequest@kcha.org](mailto:Rentrequest@kcha.org)**

**Rent Reasonableness Policy:** Per federal regulation 24 CFR 982.507 King County Housing Authority will conduct a rent reasonable test to determine if the rent you are requesting is reasonable. The rent charged for a Section 8 assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Landlord Name	Property Name	Phone	Email Address	Vendor # if available
Tenant Name	Tenant Address	Apt #	City and Zip	Subsidy # if available

**Current Contract Rent:** \_\_\_\_\_ **Requested Contract Rent:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**REASON FOR INCREASE:**  Lease Renewal  Change of lease term  Improvements/Upgrades  
 Market increase  Other, reason: \_\_\_\_\_

Please list and describe any additional fees included in the rent: \$ \_\_\_\_\_  
 Note: Month to month fees must be included in total contract rent.  
 # Of Bedrooms \_\_\_\_\_ # Bathrooms \_\_\_\_\_ New Lease Terms: MTM \_\_\_ 3MO \_\_\_ 6MO \_\_\_ 12MO \_\_\_ Other \_\_\_\_\_

**Year Built:** \_\_\_\_\_ **Building Type:**  Condo  Single Family Detached  Duplex/Triplex  Rowhouse/Townhouse  
 Manufactured  High Rise Low Rise  SRO  Shared Housing

Please check which amenities are provided in the unit:  Washer Dryer  W/D Hook Ups  
 Common Laundry  Parking  Carport  Deck/Patio  Dishwasher  Disposal  Blinds/Drapes  
 Storage  Fan  Pool  Sauna  Weight Room

**Owners of 4 or more units in the same complex must complete the following section for most recently leased comparable unassisted units at the complex. (If you have less than 4 units on the premises, this section does not apply.)**

Apartment # or Address	Date Rented	Rent Amount	# Bedrooms	# Baths

**If there is another affordable housing subsidy associated with the unit, please indicate type:**  
 Tax Credit  Home  Section 202  221  Section 236 **Current affordable housing rent amount \$** \_\_\_\_\_

If the rent requested is greater than the assisted LIHTC rent, the rent is limited the lesser of rent reasonable or the payment standard established by the HA for the unit size involved.

**Please Note:** This Rent Increase Request form must be submitted at **least sixty (60) days** prior to the effective date of the rent increase. Late requests may result in a loss of subsidy payment. The Participant's share of the rent does not change unless an updated Rent Breakdown Letter has been issued by KCHA.

**OWNER'S RENT CERTIFICATION**

As Owner/Agent, I certify that the rent charged to KCHA tenants is not more than the rent charged to my unassisted units.

**Owner Agent Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_