

## Request for Rent Increase/Decrease

Please read the below information carefully before submitting your request.

Owners/Agents in the Housing Choice Voucher (HCV) program may request a rent increase after the initial one-year term, and once every year thereafter. Upon receipt of your completed request form, HAKC will process your request to determine if the requested rent is reasonable in comparison with unassisted units in the private market. If your request is approved, the rent increase will be effective at the next lease renewal date. If your current rent is not reasonable in comparison with comparable units in the private market, HAKC will decrease your request.

Requests for rent increases must be submitted to HAKC at least 60 days before the anniversary of the lease for the new rent to be effective on the anniversary date. Late or early requests may be denied.

If there is a change in utilities, the tenant and landlord must complete the Utilities Section on page 2 of this form and enter into a new lease and HAP Contract.

Owners must be in compliance with all obligations under the HAP Contract, including compliance with the Housing Quality Standards (HQS).

Owners should review the area rental market prior to requesting an adjustment to the contract rent. The reasonableness analysis conducted by HAKC may yield results equal, higher or lower than the current contract rent.

HAKC may limit and/or deny rent increase requests due to funding availability and restrictions.

This form must be completed in its entirety with tenant and landlord signatures. Incomplete requests may be denied.

### To Be Completed by Property Owner or Agent

Tenant Name \_\_\_\_\_ Tenant ID \_\_\_\_\_  
 Unit Address \_\_\_\_\_ Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Owner/Authorized Agent: \_\_\_\_\_ TIN/SSN#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

I am hereby requesting a rent increase or decrease on the above rental unit based on the following justification:  
*(highlight any improvements made to the property, added amenities, etc. Do not list any maintenance items caused by regular wear and tear)* \_\_\_\_\_

Please check the one of the following:  Rent Increase  Rent Decrease

Lease Renewal Date	Current Rent	Requested Rent	Proposed Effective Date
3822 Summit St. Kansas City, MO 64111	OFFICE (816) 968-4105	TELETYPE-DEAF USERS (816) 968-4106	FAX (816) 968-4122 Rev 5/5/25

**General Unit Information**

# of Bedrooms: \_\_\_\_\_ # of Full Bathrooms: \_\_\_\_\_  1/2 Size: \_\_\_\_\_ sq. ft. Year Built: \_\_\_\_\_

**Building Type**

- Single Family Detached     Duplex/Triplex/Fourplex     Rowhouse/Townhouse  
 Manufactured     High Rise     Low Rise (including garden/walkup)

**Utilities**

**Has the payment responsibility for the utilities changed?**     Yes     No (skip this section)

If yes, indicate these changes below. Indicate "O" for items paid for by the owner and "T" for items paid for by the tenant.

Item	Paid By	Specify Fuel Type
Heating		<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Cooking		<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Water Heating		<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Other Electric		<b>ANY CHANGES TO UTILITY INFORMATION, MUST BE SPECIFIED HERE OR HAKC WILL NOT PROCESS THE RENT INCREASE REQUEST</b>
Water		
Refrigerator		

**Amenities & Services Included in the Rent (Owner Provided)**

- Stove     Refrigerator     Garbage Disposal     Dishwasher     Microwave  
 Washer in Unit     Dryer in Unit     W/D Hook-up     Central AC     Window AC  
 Washer in Complex     Dryer in Complex     Gated Community     Parking Garage     Handicap Accessible  
 Pool     Ceiling Fan     Other \_\_\_\_\_

**Parking**

- Parking Carport     Assigned     Garage (# Cars \_\_\_\_\_)     Street     Unassigned     None

**Exterior**

- Balcony     Patio     Deck     Porch

**Unit Quality**

- Newly constructed or completely renovated  
 Well maintained and/or partially renovated  
 Adequate, but some repairs may be needed soon

By executing this request, I certify that the unit is in decent, safe and sanitary condition and to the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

**To Be Completed by Tenant—REQUIRED BEFORE SUBMITTING**

I understand that due to the above rent increase/decrease requested by the owner, my rent may be adjusted higher or lower. This is in addition to changes in income and/or family composition reported at my annual, biennial or triennial recertification.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

**Delivery Instructions**

The completed form can be returned by:

Mail: Housing Authority of Kansas City  
Attn: Owner Services Department  
3822 Summit Street  
Kansas City, Missouri 64111-4652

Fax: 816-968-4110

Email: ownerforms@hac.org

**FOR HAKC USE ONLY**

Rent Increased      Determined Rent \_\_\_\_\_  
Note: \_\_\_\_\_

Rent Decreased      Determined Rent \_\_\_\_\_  
Note: \_\_\_\_\_

Request Denied      Reason: \_\_\_\_\_

\_\_\_\_\_  
HAKC Staff Signature

\_\_\_\_\_  
Date