



## Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

### Rent Adjustment Request

Rent adjustments will be effective *the later of* a) the date specified by the owner or b) the 1st of the month following 60 days of CMHA's receipt of the request. The owner **will not** be able to submit another request for 12 months after the last rent adjustment request was submitted. CMHA **will not** retain copies of requests that are submitted early by the owner and no request will be processed for units with any HQS failed items.

CMHA will determine whether the requested rent is reasonable within 10 business days of receipt and proper notification of the determination will be sent to both you and the participant family. In some areas where there is limited rental data, CMHA may request owners to provide additional information about the rents charged for unassisted (or unsubsidized) units on their premises.

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

Landlord/Owner Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Current Rent: \_\_\_\_\_ Requested Rent: \_\_\_\_\_

Effective Date: \_\_\_\_\_

List owner paid utilities: \_\_\_\_\_

If the tenant is responsible for Heat in the unit, indicate if the heat is:

\_\_\_ Electric - Forced Air    \_\_\_ Electric - Heat Pump    \_\_\_ Electric - Baseboard/Resistance

\_\_\_ Gas    \_\_\_ Propane    \_\_\_ Fuel/Oil

Provide the following information regarding the unit:

# of Bedrooms \_\_\_\_\_ # of Baths \_\_\_\_\_ # of Half Baths \_\_\_\_\_

Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Circle Yes if owner provides or No if tenant provides/not available at the subsidized unit:

- |  |     |    |
|--|-----|----|
| 1. Is cable included in the rent?                                  | Yes | No |
| 2. Are there ceiling fans in the subsidized unit?                  | Yes | No |
| 3. Is there a dishwasher provided by owner in the subsidized unit? | Yes | No |

Equal Opportunity Employer | Equal Opportunity Housing



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- |   |     |    |
|---|-----|----|
| 4. Is there a microwave provided by owner in the subsidized unit?             | Yes | No |
| 5. Is there a stove provided by owner in the subsidized unit?                 | Yes | No |
| 6. Is there a refrigerator provided by owner in the subsidized unit?          | Yes | No |
| 7. Is there a garbage disposal provided by owner in the subsidized unit?      | Yes | No |
| 8. Is there a balcony, deck, or patio off the subsidized unit?                | Yes | No |
| 9. Is there a pool in the subsidized community?                               | Yes | No |
| 10. Is this a gated community?  | Yes | No |
| 11. Is the owner responsible for the lawn maintenance of the subsidized unit? | Yes | No |
| 12. Does the owner pay for trash?   | Yes | No |
| 13. Does the owner pay for pest control?                                      | Yes | No |

Laundry:

- |  |     |    |
|--|-----|----|
| 14. Is there a dryer in the subsidized unit provided by owner?                 | Yes | No |
| 15. Is there a washer in the subsidized unit provided by owner?                | Yes | No |
| 16. Is there a washer/dryer hookup in the unit for tenant provided appliances? | Yes | No |
| 17. Are there onsite laundry facilities?                                       | Yes | No |

Parking:

Select One	Description	Circle Option
	Garage	1 2 3 Car
	Covered Spaces	1 2 Parking Spots
	Driveway	
	Unassigned/Open Parking Space	
	Street Parking	
	None	

Please list any major improvements or changes you would like us to take into consideration:

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By signing below, I understand the information I am providing is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To ensure timely processing of your rent adjustment request, please submit form to the assigned case worker via email or fax (513) 732-6520**

**Case Manager Designation** (Alpha Listing by Last Name)

- |   |  |
|---|--|
| <b>Barb Kaetzel:</b> <a href="mailto:bkaetzel@clermontmha.org">bkaetzel@clermontmha.org</a>           | B, O, P, Q, R, U, V -Z, SA-SB, & SQ-SZ |
| <b>Becky Lanham:</b> <a href="mailto:becky@clermontmha.org">becky@clermontmha.org</a>                 | A, C, E, F thru J, T, & SD-SL          |
| <b>Donna Rea:</b> <a href="mailto:drea@clermontmha.org">drea@clermontmha.org</a>                      | D, K thru N, SC, & SM-SP               |
| <b>Becky Richardson:</b> <a href="mailto:brichardson@clermontmha.org">brichardson@clermontmha.org</a> | HUD-VASH Participants (Veterans)       |