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 30 days of receipt. Then 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

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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:

_____

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)

Heather Hoobler: hhoobler@clermontmha.org A, C, E-J, T
Donna Rea: drea@clermontmha.org D, K-N, S
Becky Richardson: brichardson@clermontmha.org HUD-VASH (Veterans)
Sally Ivey: sivey@clermontmha.org B, O-R, U-Z