



**MARLBORO COUNTY HOUSING AUTHORITY**  
**100 WOODS AVENUE, CLIO SC 29525**

**RENT INCREASE REQUEST FORM**

The Housing Choice Voucher Program (HCV) requires that a written request (provided below) for a rent increase be submitted by the owner/management agent. **All rent increase requests must be received sixty (60) days before the requested effective date.** Please submit this request to Angela Robles, Programs Manager. You may mail to the address above or email to [arobles@marlborohousing.org](mailto:arobles@marlborohousing.org). ***Subject line of email should say rent increase request.***

**Important Notice to Owner/Management Agent**

- \* All increases are based on rent reasonableness (i.e. rents of comparable non-assisted units).
- \* No rent increases can occur during the first 12 months of a new contract.
- \* There are no automatic annual rent increases.

I, \_\_\_\_\_, am requesting an increase in the rent for  
(Owner/Management Agent)  
\_\_\_\_\_ who resides at: \_\_\_\_\_  
(Tenant's Name) (Unit Address)  
\_\_\_\_\_ beginning \_\_\_\_\_.  
(City/State/Zip) (MM/DD/YY)

The request in the amount of \$\_\_\_\_\_ is warranted because of: \_\_\_\_\_

For the purposes of the rent reasonableness study please check the amenities included with the unit:

|                                                   |                                               |                                                     |                                               |
|---------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Hardwood floors          | <input type="checkbox"/> Garbage Disposal     | <input type="checkbox"/> Dishwasher                 | <input type="checkbox"/> Modern Appliances    |
| <input type="checkbox"/> Carpeting                | <input type="checkbox"/> Refrigerator         | <input type="checkbox"/> Washer/Dryer Hookup        | <input type="checkbox"/> Laundry Facilities   |
| <input type="checkbox"/> Ceiling Fans             | <input type="checkbox"/> Range/Stove          | <input type="checkbox"/> Gated Community            | <input type="checkbox"/> Window/Wall AC       |
| <input type="checkbox"/> Central AC               | <input type="checkbox"/> Handicap Accessible  | <input type="checkbox"/> Security System            | <input type="checkbox"/> Fenced Yard          |
| <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Playground/Court     | <input type="checkbox"/> Cable/Internet Ready       | <input type="checkbox"/> Pool                 |
| <input type="checkbox"/> Pest Control             | <input type="checkbox"/> Garage               | <input type="checkbox"/> Covered/Off-Street Parking | <input type="checkbox"/> Lawn Care            |
| <input type="checkbox"/> Elevator                 | <input type="checkbox"/> Washer/Dryer in Unit | <input type="checkbox"/> Distance to Bus Stop _____ | <input type="checkbox"/> Renovations in _____ |

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

\_\_\_\_\_  
Date

I certify that the information provided on this form is complete and accurate to the best of my knowledge. As an owner, I understand that the request may result in an increase of the tenant's portion and that the tenant may exercise the right to move as a result. I also certify that I have informed my tenant of the requested rent increase.