



RENT INCREASE REQUEST FORM
 Housing Choice Voucher (HCV) and Project-Based Voucher (PBV)
 Programs
 Municipal Housing Authority for the City of Yonkers

MHACY USE ONLY	
Date Received:	_____
Date Approval/Denial Sent:	_____

All fields must be completed. An owner request for a rent increase must be submitted to the MHACY 60 days prior to the anniversary date of the HAP contract and must include the new rent amount the rent increase the owner is proposing. If the unit has not passed inspection or is in abatement, this request will be automatically denied. The MHACY will not approve any rent increases requested during the initial term of the lease. Rent increases are not automatically approved. You can email the completed form and request letter to landlordrelations@mhacy.org or send by mail to the address listed below.

Property and Tenant Information

Landlord Name _____ Property Name (if applicable) _____
 Landlord's Email _____ Tenant Name _____
 Unit Address _____ City _____ Zip _____
 Sq. Feet: _____ # of BED-rooms: _____ # of Full BATH-room: _____ # of Half BATH-room: _____ Year Built: _____
 Type of Residence (select one):
 Garden High-rise Low-rise Mid-rise Single/House Townhouse/Rowhouse Mobile

Amenities or Utilities Provided by Property Owner

Washer/Dryer On-site or in Unit	Parking	Community Room /Exercise Facilities
Heating or Utilities (gas/electric)	Window or Central A/C	Security
List any upgrades to unit	Elevator	Refrigerator/Stove/Microwave
Other: _____		

Rent Increase Request

NEW Contract Rent Request: \$ _____ **Effective Date of Rent Increase:** _____
starts the 1st of the month

Month to Month OR Lease Renewal Period: _____ **Day-Time Phone #:** _____

Owner/Agent Signature: _____ **Date:** _____

Current Rent: _____ **Please list all Alternate Subsidy (236, 221,515, LIHTC) or Rent Control/Stabilized/ETPA Units**

For PBV sites with eight (8) or less units, a rent increase form must be submitted for each unit. Sites with over eight (8) units, must submit a rent increase form for each bedroom size and include a list of each unit, for which an increase is requested.

MHACY Rent Determination - Office Use Only

YES Your rent increase request is reasonable with other market rate rents and will be effective on _____ .

ADJUSTED Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjusted rent amount is \$ _____, effective on _____ . *If you disagree with this decision, please contact landlordrelations@mhacy.org within ten days.)*

NO Your rent increase request is not comparable at this time. The rent amount will remain the same at this time.
If you disagree with this decision, please contact landlordrelations@mhacy.org within ten days)
 Date: _____



Municipal Housing Authority for the City of Yonkers
 Lease Housing Department
 Landlord Relations Office
 1511 Central Park Avenue
 Yonkers, NY 10710

Landlord Relations Office
914-793-8400 Ext 127
landlordrelations@mhacy.org