



# HOUSING AUTHORITY OF ST. LOUIS COUNTY

## Rent Increase Request Form

Submit this completed form by mail or e-mail.

Attention: Market Analyst

8865 Natural Bridge, St. Louis Missouri 63121

[rent@haslc.com](mailto:rent@haslc.com)

**Rent Increase Request Timing Requirements:** This Rent Increase Request form must be submitted between (120) days and (60) days prior to the date of lease expiration. The rent increase request window closes at (60) days before lease expiration.

**Rent Reasonableness Policy:** The HASLC will conduct a rent reasonable test. Rent reasonableness means the rent is comparable to unassisted market rents. See 24 CFR 982.507 <https://www.gpo.gov/fdsys/pkg/CFR-2004-title24-vol4/pdf/CFR-2004-title24-vol4-part982-subpartK.pdf>

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Participant Name

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Street Address

Apt #

Zip Code

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Complex Name

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

Effective Date: \_\_\_\_\_ (1<sup>st</sup> of the month of the lease renewal)

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Owner or Company Name

Owner/Vender # Main Telephone #

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E-mail Address

Agent Name (if applicable)

Telephone #

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Owner /Agent Signature

Date

**For Office Use Only**  
Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Approved Rent Increase Amount: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Denied Rent Increase: \_\_\_\_\_

Owner/Managing Agent/Organization/Development Name (IF APPLICABLE):



TAX CREDIT PROPERTY/UNIT  YES  NO (if yes, please attach applicable MHDC information)

Address of Unit & (APT # IF APPLICABLE):	Zip Code:	# Bedrooms	# Full Baths	# Half Baths	Sqft	Year Built	<input type="checkbox"/> City Check applicable locale <input type="checkbox"/> County
Structure Type: <u>Check One</u> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Semi-Detached/Duplex or 2 Family Flat <input type="checkbox"/> Garden/Walk-Up/Low Rise/Multi Family (3,4 or more Family Flat) <input type="checkbox"/> High-rise (5+ floors)			Class: <u>Check One</u> <input type="checkbox"/> New Construction <input type="checkbox"/> Newly Renovated <input type="checkbox"/> Renovated Last 2 – 4 years <input type="checkbox"/> Renovated Last 5 – 7 years <input type="checkbox"/> Renovated 7-10 years				
			Contact Name & Phone Number for Rent Negotiation				

**\*\*Amenities (check all applicable amenities): Provided and/or Paid by Owner must match HUD form 52517**

**Check Applicable Heat Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Heat **Check Applicable Cooking Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Cooking **Check Applicable Water Heating Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Water Heating <input type="checkbox"/> Owner Paid Electric <input type="checkbox"/> Owner Paid Water <input type="checkbox"/> Owner Paid Sewer  <input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C # of units supplied by owner ( )	<input type="checkbox"/> Cable Included <input type="checkbox"/> Dryer <input type="checkbox"/> W/D Hookups/Connections <input type="checkbox"/> Dishwasher <input type="checkbox"/> Microwave <input type="checkbox"/> Stove/Range <input type="checkbox"/> Balcony/Patio/Deck/Porch **Circle Applicable Item/s <input type="checkbox"/> Gated Entry/Community <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Playground <input type="checkbox"/> Lawn Care **Provided by Owner <input type="checkbox"/> Owner Paid Trash <input type="checkbox"/> Pest Control **Provided by Owner	<input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Washer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Pool / Fitness Center **Circle Applicable Item/s <input type="checkbox"/> Garage Parking 1 / 2 / 3 **Circle 1, 2 or 3 <input type="checkbox"/> Covered Space/s 1 / 2 (Carport Parking) **Circle 1 or 2 <input type="checkbox"/> Off Street Parking **Driveway, Parking Pad, etc <input type="checkbox"/> Street Parking <input type="checkbox"/> Assigned Parking 1 / 2 **Circle 1 or 2 spaces	<input type="checkbox"/> Alarm/Security System <input type="checkbox"/> Extra Storage (Shed, Basement etc.) <input type="checkbox"/> Finished Basement <input type="checkbox"/> New/Well Maintained Flooring Carpet, Hardwood, Tile etc.) <input type="checkbox"/> Window Treatments (Blinds, drapes etc.) <input type="checkbox"/> Fireplace <input type="checkbox"/> Pet Friendly <input type="checkbox"/> Near Public Transportation <input type="checkbox"/> Community Room/Space <input type="checkbox"/> On-site Management <input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Elevator <input type="checkbox"/> Handicap Accessible
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By signing this form I certify acknowledge and understand that this Self Certification is true, correct, and complete and will be relied upon for purposes deemed necessary to participate in the Housing Choice Voucher program administered by the St. Louis Housing Authority. In addition, I understand that any misrepresentation may be considered fraud and may cause repayment of all payments made on behalf of the assisted household.

Print Name

Signature

Date