



82 Lincoln Street  
Newton Highlands, MA 02461  
617-552-5501

## Rent Increase Request Form

The Rent Increase Request Form must be submitted to NHA at least sixty (60) days prior to the effective date of the proposed increase in addition to a copy of the letter sent to the family notifying them of the proposed increase. Requests can be emailed to [BJancarik@newtonhousing.org](mailto:BJancarik@newtonhousing.org) or mailed directly to NHA's address above.

NHA will then determine if the rent you are requesting is reasonable. Once NHA approves the rent increase, the owner/landlord and family will be notified of the determination in writing.

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Date of Request: \_\_\_\_\_

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

Unit Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What is the **current rent** for the unit?: \$ \_\_\_\_\_

What is the **proposed rent** for the unit?: \$ \_\_\_\_\_

What is the requested **effective date** for the rent increase?: \_\_\_\_\_

I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I certify that the rent requested does not exceed the rent charged for other comparable unassisted units within the premises.

Landlord Name Printed: \_\_\_\_\_

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

**NOTE: Please be sure to attach the rent increase letter that was delivered to the tenant (must be at least 60 days prior to the proposed effective date).**