



North Charleston
Housing Authority

Section 8 Rent Increase Information Sheet

An owner/agent may request a rent increase 90 days prior to the annual anniversary date of the Housing Assistance Payment (HAP) Contract, or any time after the initial one-year term in accordance with the lease requirements.

All rent increases will be effective the first of the month following 90 days after NCHA's receipt of the Owner/Agent completed packet or on the date specified by the owner, whichever is later. The packet consists of:

- A **Rent Increase Request Form** thoroughly completed by the owner or agent. This allows for a more accurate comparison of units in the rental property's general area through the rent reasonableness process. **Rent Reasonableness** is defined as rents that do not exceed the rents charged for comparable, unassisted units in the same market area. NCHA's responsibility extends to ensuring that owners do not charge more for assisted units than for comparable units.
- A copy of the **Notice of intent to increase rent**, in accordance to the lease requirements. The notice:
 - Must be addressed to the tenant, not NCHA
 - Must have a proposed effective date (90 days from the date NCHA received the request)
 - Must have a proposed dollar amount
 - Must be signed by the owner or agent.

Note: To ensure that the effective date you cite to your tenant is consistent with the 90-days required for NCHA processing, the complete request should be received by NCHA 90 days prior to the effective date of the rent increase. (i.e. **Notice to tenant dated 7/20/2022; effective date of rent increase will be 11/1/2022 if NCHA receives request by 8/1/2022**).

- A **Housing Quality Standards (HQS) Inspection** which passed within twelve months of the effective date of the proposed rent increase. If NCHA determines that an inspection is required to complete the request packet, one will be scheduled and conducted within 15 business days of processing the request.

You may submit your own rent comps to support your request (optional).

Email your request in PDF format to Rentalincrease@nchashousingauthority.com or **Fax** your request to **843-744-3466** or **Mail** your request to 6327 Rivers Avenue, North Charleston, SC 29406, Attention: Receptionist. Upon receipt of the complete packet, the process will commence, and you will be notified of the decision within 15 business days. If you have any questions, please contact **(843) 747-1793**.



Rent Increase Request Form

Housing Choice Voucher Program

North Charleston Housing Authority

Date Received _____

ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED BY THE DEADLINE GIVEN. ANY INCOMPLETE FORMS MAY BE DELAYED OR REJECTED.

Utility change only (Landlord requesting changing responsibility for utilities)

Property and Participant Information

Landlord Name _____ Landlord SS# / EIN# _____
 Landlord Email Address _____ Landlord Phone Number _____
 Property Name (If applicable) _____ Participant Name _____
 Unit Address _____ Participant Voucher # _____
 City _____ State _____ Zip _____
 Sq. Feet _____ Year Built _____ # of Bedrooms _____ # of Bathrooms _____ Total # of Units in Building/Complex _____

Type of Residence (select one) House Townhouse/Villa Apartment Condo Mobile Home Row House Duplex Triplex 4 Plex

Amenities Provided by Property Owner

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Trash Removal Included | <input type="checkbox"/> W/D Hook-ups | <input type="checkbox"/> Security System | <input type="checkbox"/> Unassigned Parking | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Lawn Care Included | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Age Restricted | <input type="checkbox"/> Off-Street Parking | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> Pest Control Included | <input type="checkbox"/> Stove | <input type="checkbox"/> Carport - # spaces _____ | <input type="checkbox"/> Driveway | <input type="checkbox"/> Fenced Yard |
| <input type="checkbox"/> Washer/Dryer | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Garage Parking - # spaces _____ | <input type="checkbox"/> Microwave | <input type="checkbox"/> Gated Community |
| <input type="checkbox"/> Onsite Laundry | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Assigned Parking - # spaces _____ | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Cable Included |

Utilities and Appliances

Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item Type	Specify Fuel Type	Provided by	Paid by O = Owner T = Tenant
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas/Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil		<input type="checkbox"/> O <input type="checkbox"/> T
Heating Style	<input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler <input type="checkbox"/> Central <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiator <input type="checkbox"/> Space <input type="checkbox"/> Window/Wall		<input type="checkbox"/> O <input type="checkbox"/> T
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas/Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil		<input type="checkbox"/> O <input type="checkbox"/> T
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas/Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil		<input type="checkbox"/> O <input type="checkbox"/> T
Other Electric			<input type="checkbox"/> O <input type="checkbox"/> T
Water	<input type="checkbox"/> City Water <input type="checkbox"/> Well Water		<input type="checkbox"/> O <input type="checkbox"/> T
Sewer	<input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic Tank		<input type="checkbox"/> O <input type="checkbox"/> T
Trash Collection			<input type="checkbox"/> O <input type="checkbox"/> T
Air Conditioning	<input type="checkbox"/> Central <input type="checkbox"/> Window/Wall		<input type="checkbox"/> O <input type="checkbox"/> T
Refrigerator			<input type="checkbox"/> O <input type="checkbox"/> T
Range/Microwave		<input type="checkbox"/> O <input type="checkbox"/> T	
Other (Specify)			

Rent Increase Request

Current Contract Rent **Contract Rent Request** **Effective Date**

(Attach a copy of the Notice served to your tenant)

FOR NCHA USE ONLY: NCHA Rent Determination

Pursuant to Section B, 6 of the HAP contract, the North Charleston Housing Authority, has reviewed your rent increase request to determine if the requested rent is reasonable and that it does not exceed other comparable market rate rents. The following details NCHA's acceptance decision.

- YES** Your rent increase request is reasonable with other market rate rents and will be effective on _____ the first of the month following 90 days after receipt of your request or on the date specified by the owner, whichever is later.
- 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 adjustment rent amount is \$ _____, effective on the first of the month following 60 days after receipt of your request or on the date specified by the owner, whichever is later.
- NO** Your rent increase request has been determined not to be reasonable with other market rents at this time. Please submit information about other comparable units in the market area within 5 days if you want NCHA to consider this additional information when making rent determinations.
- NO** Your rent increase request has been determined not to be reasonable with other market rents at this time. In addition, the current rent being charged is not reasonable. Please submit information about other comparable units in the market area within 5 days for NCHA to re-evaluate the current rent being charged. Otherwise, your rent will be decreased to \$ _____ effective _____

NCHA Signature _____ **Date** _____