



## ANNUAL RENT ADJUSTMENT REQUEST

A rent adjustment request **MUST** be submitted 60 days before the anniversary date on the HAP contract and the annual end lease date; and:

- Resident/Head of Household must sign below acknowledging the request for rental adjustment;
- The Unit Information form on the reverse side must also be completed by the Landlord/Owner;
- If there are changes in the responsibility of appliances or utilities, a copy of the new lease must be attached;
- A copy of the letter or notice of the rent adjustment to the resident must be attached;
- The unit must meet all HQS standards and be in a passed inspection status.

The Landlord/Owner must submit the required information by personal delivery, mail or fax to (409) 765-1949. GHA will advise the family and owner as to whether the requested rent is reasonable and shall approve or deny the rent increase. If approved, the rent adjustment will be effective the first day of the first month commencing on or after the contract anniversary date or 60 days from the first of the month following receipt of the owner request, whichever is later. GHA may, due to HUD funding constraints, limit or suspend rent increases.

Please refer to GHA's Administrative Plan ([ghatx.org](http://ghatx.org) -> Housing Choice Voucher tab) section 8.13.3.1 Voucher Rent Adjustments, Rent Increase and HUD (HUD.gov) 24 CFR 982.308(g) (4), 982.309(a) (3) for additional information.

***If this form is incomplete or documents are missing, the request will not be processed.***

**PLEASE PRINT AND WRITE LEGIBLY**

\_\_\_\_\_  
Landlord or Owner Name                      Phone Number                      Email Address

\_\_\_\_\_  
Resident/Head of Household Name                      Phone Number                      Email Address

\_\_\_\_\_  
Street Address and Unit Number                      City, State and Zip Code

The unit is a:    ☐ Single-Family Detached (House)                      ☐ Multi-Family (Apartment)

\$ \_\_\_\_\_ Current monthly rent                      \_\_\_\_\_ Last day of current annual lease or HAP

\_\_\_\_\_  
Date of last rent increase

\$ \_\_\_\_\_ Requested monthly rent for the unit for the reasons checked below (check all that apply):

Increase in:    ☐ Insurance    ☐ Taxes                      Effective date of new rent \_\_\_\_\_

☐ The following maintenance and/or improvements were made to the unit:

\_\_\_\_\_  
☐ The following utilities, included in the rent, have increased:

☐ Gas                      ☐ Electricity                      ☐ Water                      ☐ Sewer                      ☐ Trash Removal

☐ Other utility \_\_\_\_\_

☐ Changes in responsibility of    ☐ appliances    ☐ utilities \*attach a copy of the new lease documenting the changes

☐ Other changes in costs of the unit:

\_\_\_\_\_  
Rent comparability on a similar unit located at:

\_\_\_\_\_  
Street Address and Unit Number                      City, State and Zip Code

\_\_\_\_\_  
Signature of Landlord or Owner                      Date

\_\_\_\_\_  
Signature of Resident/Head of Household                      Date

# HOUSING AUTHORITY

OF THE CITY OF GALVESTON, TEXAS  
409 / 765-1900 77551



Central Office 4700 Broadway

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Unit Information

**Unit Type** ☐ Single Home ☐ Multifamily

Address: \_\_\_\_\_ Rent: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_

**Air Conditioning:** ☐ Central ☐ Window Unit **Heating:** ☐ Central ☐ Space ☐ Wall

Item	Specify fuel type Paid by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
		<b>Provided by</b>
Refrigerator		
Range/Microwave		

### Amenities

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Stove        | <input type="checkbox"/> Washer/Dryer          |
| <input type="checkbox"/> Microwave    | <input type="checkbox"/> Washer/Dryer Hook-Ups |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> On-Site Laundry       |
| <input type="checkbox"/> Dishwasher   | <input type="checkbox"/> Garbage Disposal      |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Pool                  |
| <input type="checkbox"/> Fenced Yard  | <input type="checkbox"/> Gated Community       |
| <input type="checkbox"/> Other: _____ |  |

### Parking

- ☐ Garage  
☐ Driveway  
☐ Assigned  
☐ Open  
☐ Street

### Lawn Maintenance

- ☐ Tenant  
☐ Owner

### Pest Control

- ☐ Tenant  
☐ Owner