

RENTAL INCREASE REQUEST FORM

Please complete and e-mail to Spartanburg Housing at cgodfrey@spartanburghousing.org no less than 60 days prior to requested increase date. Only one request per year, per tenant will be processed. This is the only acceptable form for rent increase requests.

Form must be filled out completely to be processed.

I understand that by submitting this rent increase request that SH must evaluate my property to determine if both the current and requested rent is reasonable. I certify by signing below that all information provided on this form is complete and accurate to the best of my knowledge.

Tenant Name: _____ Landlord Name: _____

Address: _____ Landlord Email: _____

_____ Landlord Signature: _____

Date Signed: _____

Current Rent _____ Requested Rent _____ Proposed Effective Date _____

Unit Information:

Bedroom(s) _____ #Bathroom(s) _____ Heated Square Footage _____ Year Built _____

House _____ Apartment _____ Duplex _____ Other: _____

Utilities and Appliances Included in the Rent:

Electric _____ Gas _____ Water _____ Sewer _____ Stove _____ Refrigerator _____

Type of air conditioning: Central _____ Window Units _____ None _____

If window units, who supplies? Tenant _____ Landlord _____

Has the type or provision of any of the utilities or appliances changed since the initial lease or last rent increase? Yes _____ No _____

Features and Amenities:

Parking: On street _____ Off street _____ Garage _____ Carport _____

Washer/Dryer Hook up included _____ Washer included _____ Dryer Included _____ Onsite laundry _____

Additional Features and Amenities: Swimming Pool _____ Cable Ready _____ Ceiling Fan(s) _____ Dishwasher _____

Garbage disposal _____ Microwave _____ Miniblinds _____ Back Porch _____ Balcony _____ Deck _____ Patio _____

Fenced back yard _____ Fenced front yard _____ Front porch _____

Accessibility Features: 32" doors _____ Flat entry _____ Ramped Entry _____

SH Staff only: Date received: _____ Date processed: _____ Recert Date: _____
Date inspection passed: _____

Determination: Approved _____ Denied _____ Approved for lower amount _____ Increase effective date _____

Denial Reason(circle): Form incomplete _____ Less than 1 year since MI or last rent increase _____
No longer in unit _____ Requested rent not reasonable _____ Other: _____

Date denial letter sent to LL: _____ Staff initials: _____