

**ANNUAL REQUEST FOR RENT CHANGE FROM OWNER**

To: Menard County Housing Authority  
101 W. Sheridan, P.O. Box 168  
Petersburg, IL 62675

Re:

A rent adjustment may not be approved unless warranted by rents on comparable unassisted units. If the comparable rent level is lower than the contract rent, the comparable rent level will be the new contract rent.

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I am requesting a rent increase effective with lease renewal for a one year term.

Current Rent  
\$ \_\_\_\_\_

Proposed Rent  
\$ \_\_\_\_\_

The reasons for the requested increase are those checked and described below:

\_\_\_\_\_ Property taxes increased \$ \_\_\_\_\_ per year.  
\_\_\_\_\_ Insurance premiums increased \$ \_\_\_\_\_ per year.  
\_\_\_\_\_ The following maintenance items and/or improvements were made:  
\_\_\_\_\_ (Approximate Cost - \$ \_\_\_\_\_)

\_\_\_\_\_ (Approximate Cost - \$ \_\_\_\_\_)

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\_\_\_\_\_ The rates for the following utilities, which are included in the monthly rent, have increased: (Please check:)

\_\_\_Heat \_\_\_Electricity \_\_\_Water/Sewer \_\_\_Garbage Pickup

\_\_\_\_\_ Other increased costs are: \_\_\_\_\_

Rent Comparability: The rent on comparable units in the area has been raised to \$ \_\_\_\_\_ effective \_\_\_\_\_.

Date

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Owner or Agent