

PROJECT BASED VOUCHER REQUEST FOR RENT INCREASE

To: Menard County Housing Authority
117 N 7th St
Petersburg, IL 62675

Property: _____

Unit Bedroom Size: _____

* * * * *

I am requesting the following rent increase:

Current Rent	Proposed Rent
\$ _____	\$ _____

Requested Effective Date For Rent Increases to Begin: _____

Reasons for the requested rent increase: _____

Date

Signature of Owner or Agent

Submit the Form to Anna Oest by email at aoest@menardcha.org, by fax to 217-632-7511 or by mail to Menard Co Housing Authority, 117 N 7th St, Petersburg, IL 62675. Form MUST be received by the office at least 60 days prior to the requested effective date.

FOR OFFICE USE ONLY:

Approved

Lower Amount Approved: _____

Denied

Effective Date: _____