



WAUKEGAN HOUSING AUTHORITY

Rent Increase Request Form (Subsidized Unit)

(Please make sure all selections are filled out completely and legibly.)

WHA Case Manager: _____

Unit Information

Tenant Name: _____ Tenant Number: _____
 Street Address: _____
 Apartment Number _____ Complex Name (if applicable) _____
 City: _____ State: _____ Zip code: _____

Owner/Manager Information (Please Print)

	Owner	Management Company	On site Contact
Name			
Street Address			
City			
State			
Zip Code			
Telephone			
Alternate Phone			
Fax Number			

Building Type(Check which apply) <input type="checkbox"/> High-rise (5+ stories) Does the building have an elevator? (YES) (NO) <input type="checkbox"/> Garden/ Walk up Apartment <input type="checkbox"/> Row House/ Townhouse/ Duplex/ 2Family <input type="checkbox"/> Single Family Detached Residence	Age of Property Year Built: _____ If year built is unknown, was the property built before 1978? Yes _____ No _____ Year the last rehab was completed: _____
Building Facilities Yes No Playground Yes No Covered/ Garage Parking Yes No Off-Street Parking Yes No Storage Outside Unit Yes No Pool Yes No Security System Yes No On-Site Management Yes No Day Care Yes No Laundry Facilities Yes No Community Room Yes No Security Guard Yes No Desk Service Yes No On-Site Maintenance Yes No Other(specify below in comments)	Unit Amenities Provided by Owner Yes No Central Air Conditioning Yes No Carpeting Yes No Garbage Disposal Yes No Washer Yes No Dryer Yes No Washer/ Dryer Connections Yes No Other (specify below in comments) IS the unit accessible to a tenant with mobility impairments? YES NO Are common areas accessible to a tenant with mobility impairments? Yes No Does a tenant with mobility impairments currently occupy this unit? Yes No
Comments: 	

Quality: (check the description which best applies):

A: Newly Constructed or completely renovated

B: Well maintained and/ or partially renovated

C: Adequate, but some repairs may be needed soon. Some minor maintenance may be needed. No major renovation since construction.

The information provided on this form will be used to calculate the Waukegan Housing Authority and tenant shares of the rent and to make any needed amendments to the HAP Contract.

Unit size and Rent:

No. of Bedrooms	No. of Bathrooms	Security Deposit	Current Rent	Requested Rent

Are there differences in rent charged for units of the same bedroom and bathroom size, depending upon (for example: unit location (balcony vs. patio), inside vs. outside unit, etc)? Yes No. If YES, please explain below.

Utility Information:

UTILITY	PAID FOR OR PROVIDED BY			FUEL SOURCE	
	Owner	Tenant	Electricity	Gas	Oil
Heat					
Air Conditioning					
Hot Water					
Cooking					
Electric					
Water/ Sewer					
Garbage Pickup					
Stove					
Refrigerator					

Are the utility responsibilities shown above a change in responsibilities for the tenant or the owner?

Yes No

Neighborhood/ Location Characteristics

What is the nearest Pace Bus Stop? _____ How many blocks away from the unit? _____

What is the nearest Metro Train Stop? _____ How many blocks away from the unit? _____

What is the nearest cross street to the unit? _____

Please note any special features of the location or neighborhood that might help the reviewer compare this unit to other units in the area?

Other Information:

Is occupancy of the unit the unit or development limited to a particular client such as the elderly or person with disability?

YES No If Yes, which type of client? _____

Tenant signature:

I have reviewed this form and agree (1) to the new proposed rent and (2) that the chart above called Utility Information correctly describe who is responsible for paying each utility and who is responsible for providing the stove and refrigerator. I understand this request may or may not result in an increase in my rent.

Signature: _____ Date: _____

Landlord Signature: I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____