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3/23/2022

To current landlords of the Waukegan Housing Authority,

This notice is to inform you of the process for annual rental increases. If you would like to request a rent increase on your property, that you are currently renting to one of our current participants, you will have to complete a rent increase form **90 days prior to lease end date**. Your tenant must agree to the increase by signing the increase form. Should they not agree, we will not be able to approve the increase. If the tenant agrees to the increase in rent, the form was submitted 90 days prior to lease end date and we have the budget for rental increases, we will review the request and grant on case-by-case basis.

We are also sending you the increase form so you can have and are welcome to make copies. You may drop off your request of increase in rent to the main office at 215 S. Martin Luther King Jr Ave, Waukegan, IL 60085, mail to our address, or you may scan and email to the following email address

mparisi@waukeganhousing.com

WHA Administrative Plan Policy

Changes in Lease or Rent {24 CFR 982.308}

When the owner is changing the amount of rent, the owner must notify the Waukegan Housing Authority of any proposed changes at least 90 days before any changes go into effect. No rent increase will be approved by the Waukegan Housing Authority unless it meets the rent reasonableness standards {24 CFR 982.308(g)(4)}. However, during the initial term of the lease, the owner may not raise the rent.

Should you have any questions please feel free to contact our main office.

215 S. Martin Luther King Jr. Ave Waukegan, IL 60085 (847) 244-8500
(847) 244-8591 Fax
www.waukeganhousing.com

WAUKEGAN HOUSING AUTHORITY

215 S. MARTIN LUTHER KING, JR. AVENUE • WAUKEGAN, ILLINOIS 60085

CENTRAL OFFICE (847) 244-8500 • FAX (847) 263-7525

Rent Increase Request Form (Subsidized Unit)

(Please make sure all sections 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)

- ☐ High-rise (5+ stories) Does the building have an elevator? YES NO
☐ Garden/Walk-up Apartment
☐ Row House/Townhouse/Duplex/2 Family
☐ 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 either 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 Metra 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 or development limited to a particular clientele such as the elderly or persons with disabilities?
 YES NO If Yes, which type of clientele? _____

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 describes 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: _____