



Rent Increase Request Form

Client Name: _____

Client Address: _____

City: _____ State: _____ Zip Code: _____

Unit details:

Bedroom size: _____ Bathroom size: _____ Sq. Ft.: _____ Dishwasher: _____ Pool: _____
Washer/Dryer: _____ W/D Hook up: _____ Microwave: _____ Parking type: _____

Current Rent Amount: \$ _____ Requested Rent Amount: \$ _____ Effective Date: _____

Reason for Increase: _____

Utilities:

**** Place an "X" to indicate the type of fuel for each item listed below. If the owner shall provide or pay for the utility, please indicate below by placing an "O" in the Paid By column. If the tenant shall provide or pay for the utility, please indicate below by placing a "T" in the Paid By column.****

Item:	Natural Gas	Bottled Gas	Electric	Heat Pump	Oil	Other	Paid By:
Heating							
Cooking							
Water Heating							
Other Electric							
Water							

Landlord Name (Print): _____

Signature: _____ Date: _____

Phone Number: _____ Email: _____

Email completed form to: HCVRentincreases@co.pg.md.us

To be completed by a HAPGC representative:

Contract Date: _____ 90 days prior: Yes No RS Initials: _____

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.

