

FALL RIVER HOUSING AUTHORITY

1197 Robeson St Fl C
 PO Box 989 Fall River Ma 02722
 Section8@fallriverha.org

Request for Rent Increase

Date: _____

| | | | | |
|---|---------------|----------------|--------------------------------|---------------------|
| Print or type name of Head of Household | # of Bedrooms | # of Baths | Effective date | Program type |
| Address of unit | Apartment # | Square Footage | Most Recent Rent Charged _____ | |
| City | State | Zip Code | Year Built | Proposed Rent _____ |

Type of House/Apartment (please circle one)

Single Family High Rise (elevator) 2 Family/ Duplex Apt complex (Rowhouse) Multi/ low rise (3 or more) Mobile Home

Please indicate who is responsible for the utilities and appliances, also please circle the utility type.

| Type | Fuel Type Please Circle | Responsibility of: Please Circle |
|---|--|-------------------------------------|
| Heat | Gas / Oil / Electric / Other _____ | Owner/ Tenant |
| Cooking | Gas / Oil / Electric / Other _____ | Owner/ Tenant |
| Hot Water | Gas / Oil / Electric | Owner/ Tenant |
| Electricity | | Owner/ Tenant |
| Refrigerator | Owned By Tenant ___ Landlord ___ | |
| Stove | Owned By Tenant ___ Landlord ___ | |
| Heating System type (Please circle one) | Baseboard / Radiator / Central / Space Heater / window or wall / other _____ | |

Amenities Included

Washer ___ Dryer ___ Hookups ___ Onsite Laundry ___ Dishwasher ___ Microwave ___ Garbage Disposal ___

Ceiling Fans ___ Balcony ___ Pool ___ Gated Community ___ Parking (circle one) Garage / Driveway / Unassigned / Street / Open

Air Condition (circle one) Central / Window or Wall / Other

PROPERTY OWNER:

I understand that I must give a written notice to the tenant at least 60 days in advance, as required. The tenant has received a copy of this notice.

Property Owner Name (print) _____ Signature _____

Phone Number _____ Date _____