



**RENT INCREASE REQUEST (RIR) FORM
PROJECT BASED VOUCHER (PBV)**

LEASE ONLY SUBMIT ONE (RIR) PER BEDROOM SIZE

DHA must receive this request at least 60 days prior to the HAP anniversary date.
Please contact our office should you need assistance identifying this date.

Today's Date: _____ **HAP Anniversary Date:** _____

Is this a DHA owned property or one that is affiliated with DHA? Yes____ **No**____

Bedroom Size: Studio 1bdm 2bdm 3bdm Other: _____

Owner Name:	PBV Property Name:
Owner Telephone Number:	Current Contract Rent: \$
Owner Signature:*	**Proposed Contract Rent: \$
*The Owner signature is a required field. By signing, the owner has confirmed notice has been issued to the PBV Participant.	**Approval based on tax credit rules (if applicable), amount of request, rent reasonableness, HUD Fair Market Rents and DHA established Utility Allowances,

HQS Requirements

DHA may not approve and the owner may not receive any increase of rent to owner until and unless the owner has complied with all requirements of the HAP contract, including compliance with the HQS. The owner may not receive any retroactive increase of rent for any period of non-compliance.

Please Note:

DHA reserves the right to prohibit any rent increase that is not in accordance with HUD requirements. Additionally upon approval, all other terms of the contract will remain the same unless otherwise amended.

This (RIR) may be submitted using any of the following preferred methods:

E-Mail: S8Landlords@denverhousing.org

Mail: DHA, Attention: HCV Division, PO BOX 40305, Mile High Station, Denver, CO 80204-0305

FAX: (720) 932-3002

***** (To be completed by the Denver Housing Authority) *****

(RIR) – Meets RR? <input type="checkbox"/> Yes <input type="checkbox"/> No	110% of FMR - Utilities \$	Census Tract
Rent Reasonable Amount \$	Approved RIR Amount \$	Approving Manager: X _____

