

Current tenant name/address: _____



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Affirmative Action/Equal Opportunity Employer/Equal Housing Opportunity

This form is to be used for rent increase determinations only: Based on your inquiry for a rent increase, you will need to provide us with the following information on recent **unassisted** rental amounts charged in the same property in order to evaluate your requested amount:

Property Type: _____ Bedroom Size: _____

Property Address: _____
Street Address, City, State and Zip Code

PLEASE ONLY PROVIDE UNASSISTED (no Section 8/Housing Choice Voucher assistance) UNITS

TENANT NAME	UNIT #	CURRENT RENT CHARGED	UTILITIES		LEASE DATE	EXTRAS or COMMENTS (examples: location, size, type, quality, age, amenities, housing services, maintenance, and utilities provided by owner)
			Yes (What)	Cold Flat)		

HUD requires that owners not charge more for assisted units than for unassisted comparable units on the premises.

I certify that the rents shown above accurately reflect the rents being charged in the building as of the date of the certification and that all information provided on this form is true and correct. I further certify that I am not currently charging a rent for a private unassisted unit that is lower than the rent I am requesting. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law.

Owner Name/Agent Name: _____ Phone #: _____

Signature: _____ Date: _____