



RENT INCREASE REQUEST FORM

Note: If the unit has not passed inspection or is in abatement, this request will be automatically denied.

Submit this completed form and supporting documents explaining the reason(s) for the request by mail to CVR New York, Housing Choice Voucher Program, 112 East Post Road, Suite 102, White Plains, NY 10601, by fax to 914-930-5441, or by email to nyrentincreases@cvrassociates.com.

Participant Name		Log #	
Complex Name (if applicable)			
Full Unit Address			
Owner/Company Name			
Email		Telephone	
Mailing Address			
City, State, Zip Code			
Managing Agent Name (if applicable)			
Email		Telephone	

Structure Type	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-detached/Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden/Walkup <input type="checkbox"/> Elevator/High-rise						
# of Bedrooms		# of Bathrooms		Current Rent	\$	Requested Rent	\$

Alternate Subsidy or Property Type		Rent Control/Stabilized/ETPA Apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 236, 221 or 515 (if yes, provide regulator agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	HOME Program (if yes, provide established HOME program rent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ETPA - Deregulated (if yes, provide notice from NYSHCR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	LIHTC Units (if yes, provide tax credit rent amount by bedroom size)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Utility	Responsible Party	Change in responsible party?
Electricity	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heating <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water/Sewer	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash Collection	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stove	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigerator	<input type="checkbox"/> Owner <input type="checkbox"/> Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have reviewed this form and agree that the utility information above is correct. I understand this request may result in an increase in my portion of the rent.

Participant Signature		Date	
-----------------------	--	------	--

I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Property Owner Signature		Date	
--------------------------	--	------	--

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

112 East Post Road • Suite 102 • White Plains, NY 10601
www.cvrnewyork.com • 914.995.2415