

REQUEST FOR LEASE RENEWAL / RENT INCREASE / NOTICE TO VACATE



In order to request a lease renewal and/or rental increase for your assisted unit, please complete this form and fax it to Jennifer Bloss at HOM, Inc. at (602) 265-4680. Thank you.

Today's Date: _____

Owner / Agent: _____

The lease for the following tenant and dwelling unit expires effective: _____

Tenant: _____ Unit Address: _____

- The tenant does not desire to renew the lease and has submitted a written 30-day notice to vacate the unit by: _____ **(Attach copy of 30-day notice)**
- I do not desire to renew the lease for the tenant and I have provided the tenant with a written 30-day notice to vacate the unit by: _____ **(Attach copy of 30-day notice)**
- The tenant desires to renew his/her lease and remain living in the unit. The *proposed* Contract Rent for this unit for a new **12-month** lease is:

\$ _____ Base Rent	+	\$ _____ Additional Charges *	+	\$ _____ Applicable Tax	=	\$ _____ Contract Rent
------------------------------	---	---	---	-----------------------------------	---	----------------------------------

* Include Water, or other charges that are added to the base rent that are **NOT** optional services and are included for all units

Please complete the following utility information:

Service Paid By:	Electric	Gas	Owner	Tenant
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Electric (Lights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Paid By:	Owner	Tenant
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Water * (If Billed to Tenant)	<input type="checkbox"/>	<input type="checkbox"/>
Sewer * (If Billed to Tenant)	<input type="checkbox"/>	<input type="checkbox"/>
Trash * (If Billed to Tenant)	<input type="checkbox"/>	<input type="checkbox"/>

Owners of projects with **more than four (4) units** must complete the following section for most recently leased comparable **Market Rent** units within the premises.

Address and Unit Number	Unit Size	Date Rented	Rent (Incl. Tax)
			\$
			\$
			\$

Lease Renewal Special: If you are offering a concession or a "special" as an incentive for tenants to renew their leases, the same special must be offered to the HOM, Inc. participant. Please list the dollar amount of the concession or describe the incentive below, if applicable. (*\$100 off renewal month's rent, free carpet cleaning, free ceiling fan, etc.*)

Financial Concession	Description of Renewal Special if Not Financial
\$	

Owner / Agent Printed Name _____ Title _____ Date _____

We will process your request and notify you of our decision within thirty (30) days of receiving this notice. The requested Contract Rent for the above referenced unit is **not** effective until approved by HOM, Inc. If you have any questions, please feel free to contact Jennifer Bloss at 602-265-4640 ext 20.

In accordance with 24 CFR Part 982.507, I certify that, based upon the information provided by the owner above regarding comparable units, the requested Contract Rent is reasonable. (*Reference Notice PIH 2003-12*)

HOM Representative Signature _____ Title _____ Date _____