

*Housing Authority, City of Kennewick  
1915 W. 4<sup>th</sup> Place, Kennewick, WA 99336*

**REQUEST FOR RENT CHANGE**

**PLEASE NOTE: This form must be returned to our office ninety (90) DAYS prior to the rent request effective date. It is the Landlord's responsibility to notify the tenant of the rent increase/decrease changes.**

<b>From:</b> _____ Name  _____ Address  _____  _____ Phone Number	<b>RE:</b> _____ Tenant Name  _____ Unit Address  _____
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**You are hereby notified that the requested rent for the lease renewal term of the above-named unit will be increased/ decreased from \$\_\_\_\_\_ to \$\_\_\_\_\_, Effective \_\_\_\_\_.**

The reasons for the requested change are those checked and described below:

\_\_\_\_\_ Property taxes increased/decreased approximately \$\_\_\_\_\_

\_\_\_\_\_ Insurance costs increased/decreased approximately \$\_\_\_\_\_

\_\_\_\_\_ The rates for the following utilities, which are included in the rent, have increased/decreased:  
\_\_\_\_\_ Electricity \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Garbage

\_\_\_\_\_ Increase/Decrease in the market rents.

\_\_\_\_\_ The following maintenance items and/or improvements were made: \_\_\_\_\_

\_\_\_\_\_ Other increase/decrease costs and expenses: \_\_\_\_\_

I/We wish to make the following changes to our initial Lease (example: charges for late rent)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I certify that as of this date the tenant has no outstanding rent or charges due for the above dwelling unit.**

<b>Landlord/Manager Signature</b> _____	<b>Date</b> _____
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**KHA Staff Only:** \_\_\_\_\_ Forwarded on: \_\_\_\_\_

Tenant Number: \_\_\_\_\_ Voucher Size: \_\_\_\_\_ AR Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Tenant Paid Utilities: \_\_\_\_\_