

MEDFORD HOUSING AUTHORITY

121 RIVERSIDE AVENUE

MEDFORD, MASSACHUSETTS 02155

TELEPHONE 781-396-7200
 FAX 781-393-9223

TELEPHONE FOR THE DEAF
 TTY 1-800-720-3480



RENT INCREASE FORM

To process the requested change for your Section 8 tenant please complete this request form in its entirety. This request must be received 60 days or more in advance of the proposed effective date per the contract you previously signed.

I am requesting a change for unit # _____ Street address: _____ City and Zip: _____. This apartment is rented by: _____ Current rent: _____ Requested rent: _____

Landlord Name: _____ Landlord Phone #: _____

Landlord Address: _____ Date of request: _____

Attached is the documentation explaining the requested change (s) regarding the apartment. This information will be used to compare my property to others with similar amenities in the area. I understand this information is required for Medford Housing Authority to process the request. I have also discussed the proposed changes with the tenant and have attached the notice given to tenant.

Landlord Signature: _____ Date: _____

Apartment Square Feet: _____ Year built: _____ Number of bedrooms: _____ Number of bathrooms: _____

Unit Type:

Single family **Condo** **Semidetached** (includes duplexes, three-plexes and four-plexes)

Low Rise (includes multi-family building of five or more units up to four stories) **High Rise** (includes buildings of five stories or more with elevators)

Unit Heat Distribution:

Central Heat pump Window / Wall Space Furnace Baseboard

Unit Heat Type:

Natural gas Bottle Gas Oil Electric Coal or Other

Paid by Landlord Tenant

Unit Cooking:

Natural Gas Bottle Gas Oil Electric Coal or Other

Paid by Landlord Tenant

Water Heat:

Natural Gas Bottle Gas Oil Electric Coal or Other

Paid by Landlord Tenant

Lights/Other Electric:

Natural Gas Bottle Gas Oil Electric Coal or Other

Paid by Landlord Tenant

City Water: Yes No Paid by: Landlord Tenant

City Sewer: Yes No Paid by: Landlord Tenant

Check box if Owner Provided.

Maintenance: Lawn Pest control Trash **Air Conditioning:** Yes No Window Central

Amenities: Washer Dryer Stove Dishwasher Microwave Refrigerator Hook ups in unit Garbage Disposal Ceiling Fan

Gated Community Pool

Exterior Features (check all applicable): Porch Balcony Deck Patio

Parking for unit: Yes No Street Driveway Covered Car Port Garage Assigned

Lot size for apartment: ¼ acre ¼ to ½ Acre ¾ to 1 Acre > 1 Acre

Justification:

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REQUIREMENTS FOR PROCESSING RENT & APPROVING RENT INCREASES

1. Rent Increases requests can only be made once per year.
2. Requests must be made on the Rent Increase Form which can be requested by calling Medford Housing Authority at 781-396-7200 or by email to the designated Leased Housing Coordinator.
3. Must provide your tenant sixty (60) day notice before any proposed rent increase can be considered, and a copy of notice given to tenant also provided to MHA.
4. The requested rent must be reasonable, and the unit must be in compliance with HQS.
5. Requests can be returned by mail, email to the Leased Housing Coordinator or by dropping it off to our drop box located in the front of the MHA office.



EQUAL HOUSING OPPORTUNITY