

*If you need this document in a different language or LARGER FONT or
if need a reasonable accommodation, please call 847.785.4300*

INSTRUCTIONS & CONTRACT RENT INCREASE REQUEST PACKET

Dear Landlord,

To be considered, any Contract Rent Increase request must be accurate and complete. This “Contract Rent Increase Request Packet” is in two (2) parts:

● PART 1

KEEP FOR OWNER/LANDLORD RECORDS:

1. Instructions for completing Contract Rent Increase Request Packet, including:
 - Instructions for required documents that must be completed and returned to North Chicago Housing Authority
 - General program information

● PART 2

PLEASE RETURN TO THE HOUSING AUTHORITY:

1. Unit Characteristics
2. Proposed Lease
3. Rent Increase Request

Documents may be submitted:

Via mail: 1440 Jackson St, North Chicago, IL 60064

Via Fax (Attn: assigned caseworker): 847-785-4308

Via email:

Jackie Jackson (Tenant last name A-L) jjackson@ncilha.org

Silvia Arroya (Tenant last name M-Z) sarroyo@ncilha.org

PART 1: INSTRUCTIONS

- **Unit Characteristics:**

This is a required Program form to assist with determining contract rent for the unit. It must be completed in its **ENTIRETY**, signed & dated by the property owner or their agent.

- **Proposed Lease:**

This is a required Program form. The form of lease is totally the choice of the property owner. It should be the original lease and filled out completely, but **WITHOUT THE TENANT SIGNATURE OR MONTHLY CONTRACT RENT AMOUNT**. Once the proposed contract rent has been approved, the tenant signs the approved lease **AT THAT TIME**.

- **Rent Increase Request:**

This is a Required Housing Authority document. The request should be in the form of a statement requesting the increase and/or the increase amount. It must be signed and dated by the property owner or their agent and signed and dated by the tenant to confirm they are aware of the increase request.

- NOTE: All contracts rent increase requests **MUST** be submitted at least 60 days **BEFORE** the end of the lease term. No approved requests will be processed with a retroactive effective date. All approved rent increase requests received less than 60 days from the end of the lease term will become effective the 1st day of the month at least 60 days from the date the request was received – **NO EXCEPTIONS!**

Rent Increase Request

Date: _____

Landlord/Property Management Name

Tenants Name

Subsidized Unit Street Address Apt # City, State, Zip Code

Landlord Mailing Address City, State, Zip Code

Telephone # Email Address

Section A:

Current rent amount \$ _____ Requested rent amount \$ _____

Requested effective date: _____ (must give NCHA a minimum of 60-day notice prior to the lease renewing)

Section B:

Type of House/Apartment:

Single Family Detached Semi-Detached/Row House Manufactured Home Garden Walkup Elevator / High-Rise

Section C:

Has there been a change in utility responsibility? Yes No

Please fill out the chart below.

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". **A fuel type and paid by MUST be selected.**

Item	Must Specify Fuel Type	Paid By
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	<input type="checkbox"/> T <input type="checkbox"/> O
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	<input type="checkbox"/> T <input type="checkbox"/> O
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	<input type="checkbox"/> T <input type="checkbox"/> O
Other Electric		<input type="checkbox"/> T <input type="checkbox"/> O
Water		<input type="checkbox"/> T <input type="checkbox"/> O
Sewer		<input type="checkbox"/> T <input type="checkbox"/> O
Trash Collection		<input type="checkbox"/> T <input type="checkbox"/> O
Air Conditioning		<input type="checkbox"/> T <input type="checkbox"/> O
Refrigerator		<input type="checkbox"/> T <input type="checkbox"/> O
Range/Microwave		<input type="checkbox"/> T <input type="checkbox"/> O

Owner Signature

Date

Tenant Signature

Date

Instructions for Unit Characteristics Use:

This form is required for both new move-in Request for Tenancy Approval (RFTA) and Request for Rent Increase Packet.

Participant Name: _____

Full Unit Address: _____

Instructions for Completion:

- Complete all applicable fields under the "**Characteristics**" section.
- Circle **Yes** or **No** where required or provide the relevant information.

Categories	Description	Characteristics
<i>Size & Type</i>	Actual # Bedrooms	
	# Bathrooms	
	# Half-Bathrooms	
	Living Area Sq. Ft.	
	Property Type: e.g. Apt., House, Townhouse, Condo, Duplex, etc.	
<i>Age, Condition And Quality</i>	Year Built	
	Property Condition: Fair or Good	
	Building Quality: e.g. Fair, Good, etc.	
<i>Utilities</i>	Lights & Gen Electric Included in Rent	Yes No
	Heating Fuel Type: gas, electric, bottle gas, oil or coal	
	Is Heating Included in Rent	Yes No
	Hot Water Fuel Type: gas, electric, bottle gas, oil, or coal	
	Is Hot Water Included in Rent	Yes No
	Cooking Fuel Type: gas, electric, bottle gas, oil, or coal	
	Cooking Fuel Included in Rent	Yes No
	Sewer Type: public sewer or septic tank	
	Sewer Included in Rent	Yes No
	Water Type: city or well	
	Water Included in Rent	Yes No
	Cooling Type: central, window unit or none	
	Cooling Included Rent	Yes No
	Heating Style: e.g. central, furnace, baseboard, boiler, radiator or window unit	
<i>Maintenance</i>	Trash Removal Included in Rent	Yes No
	Lawn Care Included in Rent	Yes No
	Pest Control Included in Rent	Yes No