DCHHS
Dallas County Health and Human Services
Healthy People Healthy Communities
Health and Social Equity

Rent Increase / Decrease Request Form

Please check box: ☐ **Increase** ☐ **Decrease**

I,_____, request a rent increase for my rental unit.
Print Name of Landlord

Located at _____ _____ _____
Address **City** **Zip code**

Occupied by _____
Tenant's Name

Current Rent: $_____ **Requested Rent: $** _____ **Lease End Date:** _____

Please state the reason for the rent **increase / decrease**:_____

Unit Information (check all that apply)

Type of Unit: ☐ **House** ☐ **Apartment** ☐ **Townhome** ☐ **Duplex** ☐ **Manufactured/Mobile**

Year Built: _____ **Square Footage:** _____

Number of Bedrooms: _____ **Number of bathrooms:** _____

Utilities Included: ☐ Electric ☐ Gas ☐ Propane ☐ Water ☐ Sewer ☐ Trash

Signature:_____ **Date:**_____

Landlord: Phone #_____ **Email:**_____

Please be advised that you MUST request a rent increase 90 DAYS prior to the anniversary date of the Housing Assistance Payment (HAP) Contract. Under no circumstances will the rent to owner exceed the reasonable rent as determined by the DCHA.

RETURN FORM TO:
E-MAIL: Rentrequest_hcvp@dallascounty.org
MAIL: 2377 N. Stemmons Frwy, Ste. 700 Dallas, Tx. 75207
FAX: (214) 819 - 2828