



# DCHHS

Dallas County Health and Human Services

Healthy People Healthy Communities  
Health and Social Equity



## Rent Increase Request Form

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: \_\_\_\_\_

### 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: \_\_\_\_\_

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](mailto:Rentrequest_hcvp@dallascounty.org)

MAIL: 2377 N. Stemmons Frwy, Ste. 700 Dallas, Tx. 75207

FAX: (214) 819 - 2828