



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 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_hcwp@dallascounty.org

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

FAX: (214) 819 - 2828