



REQUEST FOR RENTAL CHANGE

Please be aware that **effective February 1, 2021**, any rental increase will be capped at 3% of the current rental amount and requests for rental increase must also be found reasonable through SAHA's Rent Reasonable Comparability process.

Participating landlords in the Housing Choice Voucher (HCV) program may request a rental change **after the initial year lease term**. In order to be approved, this form must be completed in its entirety with both the landlord and participant's signature. This form must be submitted to SAHA **at least 60 days before any such changes go into effect**. Please note that **all changes in responsibility to pay utilities or provide appliances will result in a new lease and Housing Assistance Payment Contract**.

SAHA will determine if the requested rent is reasonable by comparing your rent to those of equivalent units in the private market. If SAHA determines your proposed rent is not reasonable, SAHA must deny your request. **If the rent comparable study results in an amount lower than your current rent, SAHA must decrease the rent amount in accordance with HUD regulations.**

Complete this form and scan and submit by email to requestrentalchange@saha.org or fax to (210) 477-6206.

TO BE COMPLETED BY THE OWNER/LANDLORD	
1. Participant Name: _____	
Current Address: _____ Apt. No.: _____	
City: _____ State: _____ Zip Code: _____	
2. Landlord/Payee Name: _____	
3. Landlord/Payee Phone Number: _____	
4. Landlord/Payee Email: _____	
5. Has there been a change in responsibility to pay utilities and/or provide appliances? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<p>If yes, a new Request for Tenancy Approval form must be submitted with the updated utility or appliance information. Please note that if there is a change, a new HAP Contract must be executed and a new lease provided to SAHA.</p> <p>If no, skip to question 6.</p>	
6. What is the current rent for the unit? _____	\$ _____ per month
7. What is the requested new rent for the unit? _____	\$ _____ per month

By executing this request, I certify that the unit is in decent, safe and sanitary condition and the participant is in compliance with the terms and conditions of the lease agreement. I understand that if the results of the rent comparable study indicate a lower rent amount, the rent must be decreased. Please note this request will be denied if the participant does not sign.

Landlord / Owner Signature _____
Date

Please note that if the above change(s) results in a rental increase, your rent portion may increase.

Participant Signature _____
Date

FOR SAHA USE ONLY		
<input type="checkbox"/> RENT INCREASED	<input type="checkbox"/> RENT DECREASED	<input type="checkbox"/> RENT DENIED
Processed by: _____ Approved Contract Rent: \$ _____ per month		
Notes: _____		



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michelle Finch, 818 S. Flores, San Antonio, Texas 78204.**

SAHA
818 S. Flores St.
San Antonio, TX 78204
210.477.6000 | saha.org

