



COUNTY OF NASSAU  
OFFICE OF HOUSING

40 MAIN STREET – FIRST FLOOR – HEMPSTEAD, NEW YORK 11550  
(516) 572-1900 FAX (516) 572-2790

**RENT INCREASE REQUEST**

Please return this form to initiate your formal request for an annual rent increase.

**Landlord Requirements (Initial)**

- Rent Increase Request submitted no less than 60 days before the original lease's anniversary date.
- Rent increase request does not occur during the first 12 months of a new contract/lease.
- Landlord has not submitted a request for unit during the last 12-month period.
- Landlord acknowledges that a Rent Reasonableness Test must be conducted to ensure that the rental increase request does not exceed the rents for comparable unassisted units in the same neighborhood:  
-In accordance with the Code of Federal Regulations (CFR) 982.507(4), which states: "At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or [...] re-determined by the P.H.A. ", a Rent Reasonableness test must be conducted in conjunction with the request. If the results of this test indicate that an amount less than the current contract should be paid, the Nassau County Office of Housing is **required to reduce** your contract rent accordingly.
- If Rent Increase Request is approved, a new lease agreement/addendum accepting the approved annual rent increase will be submitted.
- For a multi-family apartment building or complex having 3 or more units under the Building Rent Program, submit a current rent schedule (mark "N/A" if this does not apply).

**Tenant Requirement (Initial)**

- Tenant acknowledges, pending rental increase approval, they will sign an amended lease or addendum.
- Tenant acknowledges, pending rental increase approval, 60 days' notice of rental increase request and that increase will take effect 60 days after signing this form.
- Tenant acknowledges, that their monthly portion of rent **may increase** by some or all the entire approved rental increase amount.

Presently my current contract rent is \$ \_\_\_\_\_ Per month  
I would like to increase to \$ \_\_\_\_\_ Per month

Telephone # \_\_\_\_\_ Between: \_\_\_\_\_ And \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Print Landlord Name

\_\_\_\_\_  
Print Tenant Name and Control No.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date