



# City of Parma, Ohio

DEAN DePIERO  
MAYOR



1440 Rockside Road, Suite 306  
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015  
Fax: 216-661-2021

## LANDLORD REQUEST FOR A RENT INCREASE

Please make any request for annual rent increases, in writing, by returning this form at least sixty (60) days prior to the effective date of the requested rent increase. Please note, the approval of all rent increases are strictly based on the results of a rent reasonableness test conducted by the Parma Public Housing Agency.

Requests for rent increases are permitted if all of the below items are true:

1. The tenant has resided in the unit for one year.
2. It has been at least one year since the last rent increase.
3. The unit for which the rent increase is being requested has passed an HQS inspection within the past year and is not currently in failed status.

***NOTE: There is a possibility that a request for a rent increase may result in a rent decrease due to the current rent reasonableness standards.***

Please complete the following questions and return to the Parma Public Housing Agency for processing.

1. Current HAP Contract Rent: \$\_\_\_\_\_
2. Requested HAP Contract Rent: \$\_\_\_\_\_
3. Requested Effective Date of Increase: \_\_\_\_\_
4. Please state why you are requesting a rent increase:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_

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

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Tenant Address

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received by PPHA