



Housing Authority of the County of Warren
108 Oak Street
Warren, PA 16365
814-723-2312 * 814-726-9882 (f)

Housing Choice Voucher Program Contract Rent Increase Request Form

Date: _____

Tenant Name: _____

Tenant Address: _____

Current Contract Rent on Unit: _____

Reasonable Contract Rent Requested: _____

Please list any additional amenities added or other factors that have occurred since your last rent change that would justify an increase in your rent.

Owner Name: _____

Owner Daytime Phone Number: _____

Owner Signature: _____

FAILURE TO SUBMIT THIS FORM TO THE HOUSING CHOICE VOUCHER OFFICE 60 DAYS PRIOR TO THE EXPIRATION OF THE HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT WILL RESULT IN AN AUTOMATIC REJECTION OF REQUEST.

For Office Use Only

Approved _____

Disapproved _____

Negotiated Rent _____