



# HOUSING AUTHORITY OF THE CITY OF CAMDEN

2021 WATSON STREET, CAMDEN, NEW JERSEY 08105

TELEPHONE: (856) 968-2700

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[www.camdenhousing.org](http://www.camdenhousing.org)

*Deborah Person-Polk*  
Board of Commissioners  
Chairwoman

*Victor D. Figueroa*  
Executive Director

DEAR LANDLORD/PROPERTY MANAGEMENT:

*Nohemí*  
*Soria-Pérez*  
Vice-Chairwoman

Attached, is a Request for a Rental Increase or Decrease along with a request chart. Incomplete request will not be processed, please read important notice with delivery instructions below.

## IMPORTANT NOTICE

*Deborah Keys*  
*Frazier*  
Commissioner

- Request for rent increases must be submitted to HACC **60 days** before the anniversary of the lease for the new rent to be effective on the anniversary date. **Late request will not be accepted.**

*Cameron*  
*Hudson*  
Commissioner

- If there is a change in utilities, tenant and landlord **must** enter into a new Lease and HAP contract.

*Alan Miller*  
Commissioner

- This form must be completed in its entirety. The owner must be in compliance with all obligations under the HAP contract, including compliance with the HQS for all contract units.

*Luis Quiñones*  
Commissioner

- HACC may limit and/or deny a rent increase due to funding availability or restrictions.

- Prior to approval of any rental increase, the unit must have a “**pass**” rating on the most recent HQS inspection. The new increase rental amount must also be determined reasonable to assure that the rent charges for the unit is comparable with other unassisted units of similar type (24 CFR 982.507).

*Vacant*  
Commissioner

## DELIVERY INSTRUCTIONS

The completed request form can be returned as follows:

**MAIL:**        **Housing Choice Voucher Department**  
                  **114 Boyd Street**  
                  **Camden, NJ 08105**

**FAX:**         **(856) 966-2118**

**EMAIL**      **[jgordon@camdenhousing.org](mailto:jgordon@camdenhousing.org)**

Should you need more detailed information, feel free to contact Mrs. Jacinta Gordon at (856) 968-6125.

**REQUEST FOR RENT INCREASE/ CHANGE OF TERMS  
HOUSING CHOICE VOUCHER PROGRAM**

LANDLORD/AGENT INFORMATION		TENANT INFORMATION	
Owner Name:		Name:	
Managing Agent:		Address:	
Address:		Apt:	
City and State:		City and State:	
Phone:		Phone:	
Email:		Email:	

Current Rent \_\_\_\_\_ Request Rent \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

**GENERAL UNIT INFORMATION**

No. Bedrooms \_\_\_\_\_ No. Bathrooms \_\_\_\_\_ Full 1/2 \_\_\_\_\_ Square Feet \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING:**

Rent Increase                       Rent Decrease

**BUILDING TYPE**

Single Family Detached    Semi-Detached/Row House    Manufactured Home    Elevator/High Rise  
 Low Rise    Garden/Walkup    Duplex & Two/Three Family (Semi-Detached)

**AMENITIES AND SERVICES INCLUDED IN THE RENT**

Has the payment responsibility for the utilities changed?     Yes    No

Indicate "O" if items are paid for by the owner and "T" if items are paid for by the tenant.

Item	Paid by	Specify Fuel Type
Heating		<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Cooking		<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Water Heating		<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Other Electric		<b>UTILITY INFORMATION MUST BE COMPLETED OR HCV WILL NOT PROCESS RENT INCREASE REQUEST</b>
Water		
Refrigerator		

**PARKING**

Parking Carport     Assigned     Car Garage     Street     Unassigned     None

**EXTERIOR**

Balcony     Patio     Deck     Porch

**TO BE SIGNED BY OWNER/AGENT**

By executing this request, I certify that the unit is in decent, safe and sanitary condition and to the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

**TO BE SIGNED BY TENANT**

I understand that due to the above rent increase/decrease requested by the owner, my rent may be adjusted higher or lower. This is in addition due to changes in income and/or family composition reported at my annual recertification.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date



## RENTAL INCREASE REQUEST CHART

Rental increase must be submitted within the submission timeframe listed below. Any request submitted outside of the given timeframe will automatically be denied.

### EXAMPLE

If the HAP Contract effective date is 1/1/2019, then the Re-Certification Month is also 1/1/2019. Therefore, the Rental Increase Request Form must be received in our office between 10/1/2018 and 10/30/2018 for the increase to take effect on 1/1/2019.

<u>Effective Month of HAP</u>	<u>Rental Increase Submission Date</u>
JANUARY	October 1st – 31st
FEBRUARY	November 1st – 30th
MARCH	December 1st – 31st
APRIL	January 1st – 31st
MAY	February 1st – 28th
JUNE	March 1st – 31st
JULY	April 1st – 30th
AUGUST	May 1st – 31st
SEPTEMBER	June 1st – 30th
OCTOBER	July 1st – 31st
NOVEMBER	August 1st – 31st
DECEMBER	September 1st – 30th

**Note:** Notification of approval or denial of rental increase is sent by HACC at least 30 days prior to the Re-Certification effective date.

**Note:** If your unit fails the annual inspection, you are not eligible for a rental increase. Your request will be automatically denied.