HOUSING AUTHORITY OF GRAYSON COUNTY 1708 W. Houston Sherman TX 750925

Phone (903) 892 8717 FAX (903) 868 2649



REQUEST FOR RENT INCREASE

For the rent increase request to be processed, the owner/manager must submit this completed form at least **60 days** prior to the effective date of the contract with HUD. If the request is less than a 60-day notice, the request will be denied. The new rent will not become effective until the new lease and Hap Contract has been executed and received by the PHA Staff. By signing below and submitting this form you acknowledge that the tenant has been contacted and is aware of this request.

amily Name:		C e	urrent Rent Ar	nt\$	
iddress:		P.	Proposed Rent Amt		
	— 11494 - B	Effective Date of increase Utility Responsibility Specify the fuel type and WHO is responsible for paying for each utility lis			
	Utility Responsibili Specify the fuel type				
PLEASE CIRCLE THE	below.	o arra i	W 10 10 100pc	onololo loi pa	ying for odon daily note
CORRECT ANSWER	Heating	Gas	Electric	Tenant	Owner
	Cooking	Gas	Electric	Tenant	Owner
Number of Bedrooms	Water Heating Other Electric	Gas	Electric	Tenant Tenant	Owner Owner
Number of Bathrooms	\\/otor			Tenant	Owner
	Sewer			Tenant	Owner
Square Feet	A /O			Tenant	Owner
Year Constructed	A/C			Tenant	Owner
Appliances provided by the	landlord: Refrigerator,	Stove,	Microwave, \	Washer/Drye	r,
Comparable Units. We not three other unassisted units provide three comparable units provide	s in the same Market are units.	ea with			
Address of Unit/Complex	Rent Amount				
Owner/Manager Name:		Sig	nature:		
Address:		Pho	one Number: _		
Email:		Fax	k Number:		

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.