



The Longmont Housing Authority

LONGMONT HOUSING AUTHORITY

350 Kimbark Street, Longmont, CO 80501

Phone (303) 651-8581 Fax 888-502-1536



REQUEST FOR RENT ADJUSTMENT

In order for the rent adjustment request to be processed, the owner/agent must submit this completed form 60 calendar days prior to the effective date of annual lease renewal. If the request is less than 60 days-notice, the request will be denied. In compliance with 24 CFR 982.507, LHA must determine rent reasonableness before any adjustment in the rent to owner is approved. The Housing Authority may not approve any rent that is not reasonable. Therefore, if you request a rental increase and the outcome of the rent reasonableness review indicates rents have decreased in the area where your unit is located (for same unit types,) your original rent will be "decreased". You cannot withdraw the request once a determination has been completed.

Please completely fill out and return to: 350 Kimbark Street, Longmont, CO 80501 or fax to 888-502-1536

Family Information
Family Name:
Address:
City, Zip:

Current Rent Amt. \$
Initial Lease Date:
Proposed Rent Amt. \$
Effective Date of Proposed Rent Adjustment:

The Information Below Must Match the Original Lease or it Will Be Denied

Unit Type, Parking, Exterior, Appliances Included. Includes checkboxes for Apartment, Condo, Duplex, etc., and options for Garage, Car Port, Covered, etc.

Utilities: Check All that Apply. Paid By (circle one). Includes rows for Heat, Cooling, Hot Water, Cooking, Sewer, Water, Trash, Pest Control, Lawn.

Amenities: Circle all that apply. Includes Ceiling Fan, Pool, Gated Community, and Other.



**Comparable Units:** We must test the reasonableness of the contract rent as compared to at least three other unassisted units in the same Market area with the comparable amenities. If possible, please provide three comparable units.

**Address of Unit/Complex**

**Rent Amount**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Owner/Agent**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

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

**LHA USE ONLY**

Proposed Rent Reasonable?  YES  NO

Utilities/Appliances Match UA Schedule  YES  NO

If approved, amount \$ \_\_\_\_\_

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

Inspector's Name: \_\_\_\_\_

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

**ATTACH COPY OF UA SCHEDULE TO THIS FORM**

**NOTICE OF NONDISCRIMINATION ON THE BASIS OF DISABILITY**

As required by Section 504 of the Rehabilitation Act (as amended) and the Americans with Disabilities Act (ADA), the Longmont Housing Authority (LHA) has adopted a policy regarding "Nondiscrimination on the Basis of Disability." Longmont Housing Authority does not discriminate on the basis of disability in the admission to, access to, or operations of programs, services or activities. Qualified individuals who need accessible communication aids and services or other accommodations to participate in programs and activities are invited to make your needs and preferences known to the 504/ADA coordinator. Please give us at least three to five day's advance notice so we can adequately meet your needs. An internal grievance procedure is available to resolve complaints. Questions, concerns, or requests for additional information regarding 504/ADA should be forwarded to: 504/ADA Coordinator's Name: Kathy Fedler Address: 1228 Main Street, Longmont, CO 80501 Phone Number: 303-651-8581 TDD: 800-659-8581 Email: kathy.fedler@longmontcolorado.gov Days and Hours Available: Monday-Friday, 8:00 am to 5:00 pm Upon request, this notice and other materials may be made available in alternative formats (for example, large print or audio tape) from the 504/ADA coordinator.