



CITY OF JANESVILLE

Wisconsin's Park Place

City of Janesville Rent Assistance Program Increase in Rent Form

Regarding Participant (Tenant): _____

Tenant Address: _____

Landlord Name: _____

You have indicated that you are increasing the rent for the participant noted above to \$_____ per month, with an effective date of _____ (must be **60 days** in advance).

Amendment 8.06.1 of the City of Janesville Administrative policy requires the owner to notify the tenant and housing authority in writing of the proposed change at least **60 days** before any such changes go into effect.

In accordance with the HAP Contract that is in place on this unit, we are required to determine whether the rents on unassisted units are comparable with the rent that you are requesting for this unit. If you have any other rental units, you must disclose what the contract rents are. You must provide current information on 3 of your unassisted units, with same unit/bedroom size within the City of Janesville. (If you have less than 3 other units, provide current information on the units that you have, even if it is only one other. If you only own one unit, indicate that fact on line #1).

Please complete the following:

Addresses of any other leased units that you own/manage that are **NOT** receiving Rent Assistance

| Address | Rent Amt | Utilities Inc Y/N | Date Leased | # Beds |
|----------|----------|-------------------|-------------|--------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

We will make a rent reasonable determination after we receive this completed form from you. If we determine the proposed rent is not reasonable, we will contact you within ten (10) working days. Thank you for your continued participation in the Rent Assistance program.

By signing below, I acknowledge that my rent increase is submitted 60 days PRIOR to the rent increase effective date. If my rent increase is received after the 1st of the month, my increase will be postponed to allow for 60 days.

Signed: _____
Owner or Authorized Representative

Date: _____

Please return completed form to:
City of Janesville
Neighborhood & Community Services
P.O. Box 5005
Janesville, WI 53547-5005

HOUSING SERVICES

CITY HALL • 18 N. JACKSON ST., P.O. BOX 5005 • JANESVILLE, WI 53547-5005 • (608) 755-3065