

Housing Choice Voucher Program

Rent Increase and Utility Changes – Required Documents

We continue to value your contribution to providing affordable housing to our clients and our community through Columbus Metropolitan Housing Authority's (CMHA) Housing Choice Voucher Program. In an effort to inform our landlords and streamline our process CGI has created this informational sheet to provide assistance regarding our rent increase and utility change process.

All increases and/or utility changes are subject to processing within 60 days after CGI receives the appropriate documents. Request for rent increases and/or utility changes must be submitted to CGI 60 days prior to the proposed effective date. Please ensure that you provide proper notification to your tenants and all of the required documentation to CGI. In the event you fail to submit all of the necessary documents to CGI all of the original documentation will be returned to you with a letter explaining why we are unable to process your request. All requests will need to be resubmitted and this may change the effective date of your request.

Required Documents For Rent Increases

- ❖ Rent Review Request Form (**form HCV-1039**)
 - Please ensure that this form is completed in its entirety.
- ❖ A copy of the 60 day notice provided to the tenant regarding the proposed rent increase.
 - The notice must specifically state the effective date and the proposed rent amount.
- ❖ A current copy of the rent roll if applicable (all properties with 20 or more units must submit a rent roll).

Upon receipt of the required documents CGI will run a Rent Reasonableness report to determine the new contract rent amount. If a rent increase is not approved, owners must wait an additional six months before submitting a new rent increase request. Only one increase will be approved in a 12-month period.

Please Note: If the Rent Reasonableness determination results in a downward change in rent, your contract rent amount may be subject to a reduction.

Required Documents For Utility Changes (water and sewer only)

- ❖ Rent Review Request Form (**form HCV-1039**)
 - Please ensure that this form is completed in its entirety.
- ❖ A copy of the 60 day notice provided to the tenant regarding the change in utility responsibilities.
 - The notice must specifically state the effective date of the utility change.
- ❖ Lease addendum (signed by the landlord and the tenant).
 - The addendum must specifically state the effective date and list the change in responsibility of the utilities.

CGI Federal Inc.	107 S. High St, 2 nd FL	Columbus, OH 43215
Email Address: cmha.hcv@housing.systems	Main Number 833.378.2220	TTY: 800.750.0750 FAX: 877.424.1825



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Upon receipt of the required documents CGI will run a Rent Reasonableness report to determine the new contract rent amount.

If the landlord wishes to change the responsibility of any other utility a new request for tenancy approval and lease must be submitted to CGI.

If any questions or concerns arise please contact the Inspections Department at:
cmha.inspections@housing.systems

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COLUMBUS METROPOLITAN HOUSING AUTHORITY
 COMMUNITY. COMMITMENT. COLLABORATION.

Rent Review Request Form

Tenant Name: _____ Client ID #: _____
 Unit Address: _____ City: _____ Zip: _____
 Move in Date: _____ Landlord/Vendor ID#: _____
 Owner Name: _____ Owner Phone: _____
 Owner Address: _____ City: _____ Zip: _____

Unit Specifics

Current Rent: _____ Requested Rent: _____ Type: (House, Apt, Town/Row, Duplex, Condo) _____
 Number of Bedrooms: _____ Year Built: _____ Approx. Sq. Ft.: _____ Bathrooms: _____
 Circle One: Rent Increase Utility Change Effective Date of Increase/change: _____

Unit Amenities

(place a ✓ next to all amenities that apply):

Washer: _____ Dryer: _____ Washer/Dryer Hookups: _____ Onsite Laundry Facility: _____ Stove: (Gas _____ Electric _____)
 Dishwasher: _____ Microwave: _____ Refrigerator: _____ Garbage Disposal: _____ Ceiling Fan: _____ Pool: _____
 Air Conditioning: None _____ Window _____ Central _____
 Parking: Driveway _____ Street: _____ Assigned: _____ Unassigned: _____ Garage: (1 Car _____ 2 Car _____)
 Gas: Gas Heat _____ Electric Heat _____ Hot Water: Gas Heated Hot Water _____ Electric Heated Hot Water _____

Utility Responsibilities

(place a "T" if the tenant pays or an "L" if the landlord pays)

Electric: _____ Gas: _____ Water: _____ Sewer: _____ Trash: _____

Please Note: If the Rent Reasonableness determination results in a downward change in rent, your contract rent amount may be subject to a reduction. Please submit all documents via email to cmha.landlord@housing.systems

For CMHA Use Only

Rent Request Approved (Yes/No): _____ Utility Change Approved (Yes/No): _____

Rent Reduced (Yes/No): _____ Amount of new Rent: \$ _____

CMHA Representative: _____ Date: _____

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RENT REASONABLENESS ADDENDUM

Tenant Name		Client #	
Unit Address			
Owner Name		Vendor #	

Check one for each section

Type of Unit	Square Footage
<input type="checkbox"/> Single Family Detached <input type="checkbox"/> High Rise with Elevator <input type="checkbox"/> Low Rise <input type="checkbox"/> Row House/Townhouse <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Manufactured Home	<input type="checkbox"/> 500 or less <input type="checkbox"/> 1001-1250 <input type="checkbox"/> 501-750 <input type="checkbox"/> 1251-1500 <input type="checkbox"/> 751-1000 <input type="checkbox"/> 1501 or more
Location/Neighborhood/Area	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial/Residential <input type="checkbox"/> Industrial/Commercial	

Check all that apply

Accessibility to Services	
<input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Train/Bus/Ferry <input type="checkbox"/> Daycare	
Management & Maintenance of Building	
<input type="checkbox"/> On Site Maintenance <input type="checkbox"/> Lawn Care <input type="checkbox"/> Snow Removal <input type="checkbox"/> Security Guard <input type="checkbox"/> Owner/Super Lives in the Building	
Facilities for the Building	Amenities Provided by Owner
<input type="checkbox"/> Intercom <input type="checkbox"/> Good Building Exterior <input type="checkbox"/> Security System <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Cable TV Hookup <input type="checkbox"/> Large Yard <input type="checkbox"/> Laundry Facilities <input type="checkbox"/> Playground <input type="checkbox"/> Community Room <input type="checkbox"/> Driveway <input type="checkbox"/> Recreational Facility <input type="checkbox"/> Free Parking Facility <input type="checkbox"/> Handicap Access <input type="checkbox"/> Paid Parking Facility <input type="checkbox"/> Garage	<input type="checkbox"/> New Stove <input type="checkbox"/> Separate Dining Room <input type="checkbox"/> New Refrigerator W Washer/Dryer Hookups in unit <input type="checkbox"/> Microwave Oven <input type="checkbox"/> Clothes Washer <input type="checkbox"/> New Kitchen Cabinets <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Pvt. Patio Deck/Balcony <input type="checkbox"/> Eat-in-Kitchen New Windows <input type="checkbox"/> Storage Room <input type="checkbox"/> Window Screens <input type="checkbox"/> Den/Family Room <input type="checkbox"/> New Carpet <input type="checkbox"/> Extra Full Bath <input type="checkbox"/> New Closet Doors <input type="checkbox"/> Extra Half Bath <input type="checkbox"/> Central A/C

Check all that apply

Have any major renovations been made to unit? Yes No		
If yes, please check what was completed and list the year the renovation was made.		
New roof Year	New siding Year	New windows Year
New flooring throughout Year	New plumbing throughout Year	
New wiring throughout Year	New plumbing fixtures throughout Year	
New lighting throughout Year	New kitchen cabinets Year	
New bathroom cabinets/vanity Year	New toilet/tub/shower in bath Year	
New appliances Year	Other: _____	Year _____