

# HOUSING AUTHORITY

of the County of Lebanon



**Section 8 Housing Assistance Program**  
P.O. Box 420, 1012 Brock Drive, Lebanon, PA 17042  
Phone: 717-273-1639 Fax: 717-273-8942 TDD 800-545-1833 ext 826  
Email: section8@lebanoncountyhousing.com

## OWNER'S REQUEST FOR RENT INCREASE

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Tenant's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Tenant's Address: \_\_\_\_\_

Owner's Day Time Telephone: \_\_\_\_\_ Owner's Email \_\_\_\_\_

Current Rent: \$ \_\_\_\_\_ Requested Rent: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Your request cannot be considered unless this chart is completely filled out!**

Type of Facility	Where given a choice, please check the type of fuel					Paid by Tenant or Owner?	
Trash						Tenant	Owner
Water						Tenant	Owner
Sewer						Tenant	Owner
Heating	Natural Gas	Propane	Oil	Electric	Coal	Tenant	Owner
Cooking	Natural Gas	Propane		Electric		Tenant	Owner
Hot Water	Natural Gas	Propane	Oil	Electric	Coal	Tenant	Owner
Other Electric						Tenant	Owner
Range						Tenant	Owner
Refrigerator						Tenant	Owner

Reason for rent increase: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

(If you submit this form electronically please type your name in the signature box)

This is a fillable PDF and may be completed electronically or you can print the form and complete it by hand. Please return this form to us by mail, fax or email. We will review your request and respond within 15 days. Please note that your request will be denied if the Authority determines that the requested rent is not reasonable in relation to rents charged for comparable unassisted rental units. If you have any questions concerning this matter please contact our office.