

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- 6950 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: _____

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 circle the type of fuel	Paid by Tenant or Landlord?
Trash		
Water		
Sewer		
Heating	Natural Gas Bottle Gas Oil Electric Coal	
Cooking	Natural Gas Bottle Gas Electric	
Hot Water	Natural Gas Bottle Gas Oil Electric Coal	
Other Electric		
Range		
Refrigerator		

Reason for rent increase: _____

Owner's Signature: _____

Please return this form to us by mail, fax or email (an email response must contain all of the information requested on this form). We will review your request and inform you in writing within 15 days of our decision. 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.