

Wayne E. Pollard Director of Housing Telephone: (817) 531-7640 Fax: (817) 212-3052 TDD/TTY: (888) 444-2122

## **Rent Increase Request Form**

1,	, reques	t a rent increase f	or my rental unit.	
Print Name of Landlord			,	
Located at				
Address	City	7	Zip code	
Occupied by Tenant's Name				
Current Rent: \$	Requested Rent: \$	sted Rent: \$ Lease End Date:		
Please state the reason for t	the rent increase:			
	Unit Information (ch	neck all that apply	<u>(</u> )	
Type of Unit: House	Apartment	Duplex	☐ Manufactured/Mobile	
Year Built	•	Square Footage:		
Number of Bedrooms:		Number of bathrooms:		
Utilities Included: Elec	tric Gas Prop	ane	Sewer Trash	
term of the contract or	during the term of a ren	ewed lease. (If the	ive date is during the initial landlord offers the tenant a by of the new signed lease.)	
TCHAO <u>must</u> receive the effective date.	rent increase request at le	ast <b>60 days</b> in advar	nce of the requested	
TCHAO <u>will not</u> process a requested effective date	rent increase request rece.	eived more than <b>120</b>	days in advance of the	
Signature:		Date:		
RETURN FORM TO: E-MAIL: TCHAOlandlord@tarran MAIL: 2100 Circle Drive, Ste. 20 FAX: (817) 850-2329				
	Office Use ONL	Y!		
Date of Last Rent Increase: _				
Rent Reasonable: ☐ Yes ☐ I	No			
Approved: ☐ Yes ☐ No	If yes, amount approved: \$_			



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

**TCHAO** Representative

Signature:\_