Housing Authority of Prince George's County

Aisha N. Braveboy
County Executive

Regina Stone-Mitchell — Executive Director

Yolanda L. Hawkins-Bautista, Chair — Board of Commissioners

Rent Increase Request Form

Client Name: _____

Client Address: _____

City: _____State:_____ Zip Code:_____

Unit details:

Structure Type (circle one): SF TH 2WALL TH 3WALL APARTMENT/CONDO

Year Built:_____ Bedroom size:____ Bathroom size:____ Sq .Ft.:_____

Dishwasher: ____ Washer/Dryer: _____ W/D Hook up: _____ Microwave: ____

Pool: ____Parking type: _____

Current Rent Amount: $_____ Requested Rent Amount: $_____ Effective Date: _____

Reason for Increase: _____

Utilities:

**** Place an "X" to indicate the type of fuel for each item listed below. If the owner shall provide or pay for the utility, please indicate below by placing an "O" in the Paid By column. If the tenant shall provide or pay for the utility, please indicate below by placing a "T" in the Paid By column.****

Item:	Natural Gas	Bottled Gas	Electric	Heat Pump	Oil	Other	Paid By:
Heating							
Cooking							
Water Heating							
Other Electric							
Water							

Landlord Name (Print):_____

Signature:_____ Date: _____

Phone Number:_____ Email:_____

Email completed form to: HCVRentincreases@co.pg.md.us

To be completed by a HAPGC representative: Contract Date: _____

90 days prior: Yes ☐ No ☐ RS Initials: _____ Tenant ID:_____

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.