



600 Park Avenue  
Bremerton WA 98337  
(p) 360-479-3694  
(f) 360-616-2927  
www.bremertonhousing.org

## Owners Request for Rent Increase

If you wish to have the rent adjusted, complete, sign and return this form along with the attached rent survey form. (A request for a rent adjustment will not be honored during a lease term).

**Owner/Landlord Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Rent:** \$ \_\_\_\_\_

**Proposed Rent:** \$ \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

I hereby request a rent increase of \$\_\_\_\_\_ per month, I understand that this increase is subject to approval by the Housing Authority and that no approval can be granted as long as the unit does not meet Housing Quality Standards.

I certify that the proposed rent amount will not be effective until the current lease term has ended and that I have given my tenant(s) proper notice of this proposed increase in rent in accordance with Washington State Landlord Tenant Law.

**Landlord:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note:** The 'Housing Assistance Payment Contract'. Part C states: Section 15, Subpart d "The owner must notify the PHA of any changes in the amount of the rent to owner at least sixty (60) days before any such changes go into effect..."

Please complete attachment B (Rent Survey)



Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.  
Equal Opportunity Employer.

If you need to request a reasonable accommodation, contact the BHA Section 504 Coordinator at (360) 616-7122. TTY: (360) 377-8606



BARRIER FREE

## Rent Survey

Unit Address: \_\_\_\_\_  
\_\_\_\_\_

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

No. Bedrooms: \_\_\_\_\_ Date Built: \_\_\_\_\_ Square Feet: \_\_\_\_\_

No. Bathrooms: \_\_\_\_\_ Manager/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: Units built prior to 1978 may require lead based paint testing if the paint on property is chipping, cracking and/or peeling and there are children under the age of 6 in the household.**

**Please check off the items that most closely describe your unit(s)**

### Amenities and Facilities

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Washer in unit       | <input type="checkbox"/> Microwave        | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Dryer in unit        | <input type="checkbox"/> Refrigerator     | <input type="checkbox"/> Porch            |
| <input type="checkbox"/> W/D Hook Ups in unit | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Balcony          |
| <input type="checkbox"/> Stove                | <input type="checkbox"/> Ceiling Fan      | <input type="checkbox"/> Deck             |
| <input type="checkbox"/> Dishwasher           | <input type="checkbox"/> Gated Community  | <input type="checkbox"/> Patio            |
|   | <input type="checkbox"/> Pool             |   |

### Heat source

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Central     | <input type="checkbox"/> Baseboard          |
| <input type="checkbox"/> Window/wall | <input type="checkbox"/> Electric Heat Pump |
| <input type="checkbox"/> Furnace     | <input type="checkbox"/> Other _____        |

### Maintenance – Paid by Owner

- |                               |                                       |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Lawn | <input type="checkbox"/> Pest Control |
|-------------------------------|---------------------------------------|

### Unit type – Choose One

- Low-Rise Apt (3 or 4 story building)
- High-Rise Apt (5+ story building)
- House
- Mobile (at least 4 tie downs required)
- Row house/Townhouse (3+ units connected)
- Duplex (2 units connected)

### Unit Condition – Choose One

- Below Average
- Average
- Fair
- Good
- Excellent
- Newly Remodeled

### Parking – Choose One

- |   |                                   |
|---|-----------------------------------|
| Carport <input type="checkbox"/> 1 space <input type="checkbox"/> 2 space                           | <input type="checkbox"/> Street   |
| Garage <input type="checkbox"/> 1 car <input type="checkbox"/> 2 car <input type="checkbox"/> 3 car | <input type="checkbox"/> Covered  |
| <input type="checkbox"/> Assigned   | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Unassigned   | <input type="checkbox"/> None     |
| <input type="checkbox"/> Open   |                                   |

Utilities	Type (Choose One)	Paid By (Check One)
<b>Primary Heat</b>	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
	<input type="checkbox"/> Bottle Gas/Propane	
	<input type="checkbox"/> Electric	
	<input type="checkbox"/> Electric Heat Pump	
	<input type="checkbox"/> Oil	
	<input type="checkbox"/> Wood	
<b>Cooking</b>	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
	<input type="checkbox"/> Bottle Gas/Propane	
	<input type="checkbox"/> Electric	
<b>Water Heating</b>	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
	<input type="checkbox"/> Bottle Gas/Propane	
	<input type="checkbox"/> Electric	
	<input type="checkbox"/> Oil	
<b>Trash</b>	N/A	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant

**Water Company (billing)**

Belfair                       Kitsap PUD  
 City of Shelton             West Sound  
 Mason PUD #1               Aquarius  
 City of Bremerton         Well    No fee    monthly fee  
 City of Poulsbo

**Paid by:**    Owner    Tenant

**City Limits:**    In    Out

**Sewer Company (billing)**

City of Shelton               Kitsap PUD  
 City of Bremerton         West Sound  
 City of Poulsbo            Septic    No fee    monthly fee

**Paid by:**    Owner    Tenant

**City Limits:**    In    Out

I understand that the rent amount being requested will be calculated based on the information obtained from this survey. I certify that the information presented is true and complete to the best of my knowledge and best reflects the *current* amenities and information regarding the subject unit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Warning:** Title 18, Section 1001, of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.