

RENTAL ADJUSTMENT PROCEDURE

After the anniversary of the first year of the lease and Housing Assistance Payment (HAP) contract, the owners may request an adjustment in the contract rent. The Rental Increase must be requested 60 days prior to the Anniversary Month (Month in which the participant initially moved into your unit) which should coincide with the “New Lease” that you are offering your participant.

We require a 60-day advance notice in writing to both the participant and Corpus Christi Housing Authority in order to approve the rental adjustment. If proper notice to the participant or the Corpus Christi Housing Authority is not provided, the rental adjustment cannot be effective on the date requested. Once we receive the proper notice, we will inform you of the new effective date.

Owners and Managers are required to submit & comply with one of the two (2) options listed below in order for the Corpus Christi Housing Authority to process a rent adjustment,

- Submit the attached Rental Adjustment Form (signed by both Landlord/Participant), OR
- Submit the attached Rental Adjustment Form (signed by Landlord only) & a Copy of the written notice you sent your participant 60 days in advance.

*NOTE: If any of the questions on the Rental Adjustment Form are marked as “yes” on the Appliance/Amenity/Utility Information section, a new RFTA form will need to be requested/completed.

You must submit the required documents to: Corpus Christi Housing Authority by email to landlords@hacc.org. Each unit will be processed individually for a rental adjustment. Therefore, if the owner/manager has more than one unit and wants a rental adjustment on several units with (leases expiring at the same time), the landlord/owner will need to submit a request for each client. One email with multiple attachments/request is acceptable.

The rental adjustment request will then go through the Rent Reasonableness Process. Once the requested rent had been reviewed, an email will be sent to the requester with either the approval or denial of the rental increase. **NOTE: Per policy, if the review determines the Rent Reasonable is lower than your current rent, the rent will be lowered to the newly determined rent. The CCHA may not approve any rent higher than the Rent Reasonable determined.** Please contact us if additional assistance is needed.

Sincerely,
Landlord Liaison
361.889.3326



RENTAL ADJUSTMENT FORM

After the anniversary of the first year of the lease and (HAP) contract, the owners may request an adjustment in the contract rent. In order to be approved, this form must be completed in its entirety & submitted to CCHA at least 60 days before any such changes go into effect. Please note that all changes in responsibility to pay utilities or provide appliances will result in a new lease and Housing Assistance Payment Contract. CCHA will determine if the requested rent is reasonable by comparing your rent to those of equivalent units in the private market. If CCHA determines your proposed rent is not reasonable, the CCHA must deny your request. If the rent comparability study results in an amount lower than your current rent, CCHA must decrease the rent amount in accordance with HUD regulations. Complete and submit to landlords@hacc.org.

OWNER/LANDLORD INFORMATION

Apartment or Owner Name: _____

(if apartment, please put apartment name)

Address of Unit: _____ Apt #: _____ Zip Code: _____

Number of Bedroom: _____ Number of Baths: _____ Square Feet: _____

Single Family Detached
 Duplex-Sixplex
 Multifamily Apt
 Manufactured Home

Client Name: _____ Client Telephone: _____

Current Unit Contract Rent: _____ Requested Unit Rent: _____

APPLIANCE/AMENITIES/UTILITY INFORMATION

CHANGE in Tenant Provided Appliances: Yes No

CHANGE in Tenant Provided Amenities: Yes No

CHANGE Tenant Paid Utilities: Yes No

Do you have a current lease with tenant: Yes No

If "yes" was selected for any of the questions listed
 here a new RFTA
 form will need to be requested/completed.

Expiration of the lease: _____

Please provide a copy of the **CURRENT** lease.

CERTIFICATIONS

Landlord: By this request, I certify that the unit is in decent, safe, and sanitary condition and the participant is in compliance with the terms and conditions of the lease agreement. I understand that if the results of the rent comparable study indicate a lower rent amount, the rent must be decreased.

Landlord/Owner Signature

Date

Resident: I understand that if the above change results in a rental increase, my tenant rent portion may also increase.

Participant Signature

Date



The Corpus Christi Housing Authority is committed to compliance with all federal, state, and local fair housing laws. The Corpus Christi Housing Authority will not discriminate against any person because of race, color, religion, national origin, sex, familial status, disability, or any other specific classes protected by applicable laws. Corpus Christi Housing Authority se compromete a cumplir con todas las leyes federales, estatales y locales de vivienda justa. Corpus Christi Housing Authority no discriminará a ninguna persona debido a su raza, color, religión, origen nacional, sexo, estado familiar, discapacidad o cualquier otra clase específica protegida por las leyes aplicables.