



**HOUSING AUTHORITY OF THE
COUNTY OF DAUPHIN**

501 MOHN STREET • P.O. BOX 7598 • STEELTON, PENNSYLVANIA 17113-7598
TELEPHONE: 717-939-9301 • FAX 717-939-7947 • TDD 1-800-545-1833, EXTENSION 304

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: _____

Reason for rent increase: _____

Owner's Signature: _____

Please return this form to us by mail or fax. **We must receive this form no later than sixty (60) days before the annual re-certification of the tenant for the request to be considered.** 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.