



Gloucester Housing Authority

P.O. Box 1599, Gloucester, MA 01931-1599 (978) 281-4770
FAX 281-6945

REQUEST FOR RENT ADJUSTMENT

PHM: _____

DATE: _____ NAME: _____

UNIT ADDRESS: _____

Phone #: () _____

of Adults in Household: _____ #of Minors in Household: _____

I hereby request an adjustment in the amount of rent charged monthly for the dwelling unit identified above and submit herewith as justification for my request the following information (Reason for Request for Rent Adjustment):

I understand that adjustment, when granted, will change the monthly rent stipulated by the dwelling lease and that the rent as fixed in this Request for Rent Adjustment shall remain in effect until the next annual redetermination, except that:

1. When gross or net income decreases, rent shall be redetermined, if requested by Tenant.
2. When Tenant's gross or net income increases, the rent shall be redetermined accordingly.

If Tenant fails to report an increase in income as in accordance with his/her dwelling lease and such increase is later discovered, rent shall be increased retroactively to the first day of the second month following the increase in income.

I agree to accept the "Notice of Rent Adjustment" as an amendment to my Dwelling Lease. This "Request for Rent Adjustment" and "Notice of Rent Adjustment" shall be an amendment and attached to and become part of the Dwelling Lease # _____.

WITNESS: _____

TENANT SIGNATURE: _____

Prepared by: _____ Approved By: _____

FOR OFFICE USE ONLY:

Present	Adjusted	
Rent \$ _____	Rent \$ _____	Effective Date: _____

1. Household's Gross Annual Income: \$ _____
2. Allowable Deductions: \$ _____
3. Net Income: \$ _____
4. Percentage of Net Income: \$ _____
5. Other Facts: _____