

Gloucester Housing Authority
P.O. Box 1599
Gloucester, Ma. 01931-1599
(978) 281-4770 Fax (978) 282-5640

Coordinator: _____

RENTAL ASSISTANCE - REQUEST FOR RENT ADJUSTMENT

Date: _____ Tenant Name: _____

Address: _____

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

I hereby request an adjustment in the amount of my monthly portion of the rent (Total Tenant Payment -TTP) for the dwelling unit identified above and submit herewith as justification for my request the following information (Reason for this Request for Rent Adjustment):

I understand that this adjustment, if granted, will change my monthly portion of the rent as stipulated by the Housing Assistance Payment Contract (HAP) 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 rent shall be redetermined accordingly.

If Tenant fails to report an increase in income as in accordance with HUD regulations and such increase is later discovered, rent shall be increased retroactively to the second month following the increase in income.

I agree to accept the "Notice of Rent Adjustment" as an amendment to my HAP Contract.& Tenancy Addendum. This "Request for Rent Adjustment" & "Notice of Rent Adjustment" shall be an amendment and attached to and become part of the HAP Contract and Tenancy Addendum.

Tenant Signature: _____ Date: _____

OFFICE USE ONLY

Other Facts:

GHA Representative: _____ Date: _____