



TARRANT COUNTY
HOUSING ASSISTANCE OFFICE

Wayne E. Pollard
Director of Housing

Telephone: (817) 531-7640
Fax: (817) 212-3052
TDD/TTY: (888) 444-2122

Rent Increase Request Form

I, _____, request a rent increase for my rental unit.
Print Name of Landlord

Located at _____
Address City Zip code

Occupied by _____
Tenant's Name

Current Rent: \$ _____ Requested Rent: \$ _____ Lease End Date: _____

Please state the reason for the rent increase: _____

Unit Information (check all that apply)

Type of Unit: House Apartment Duplex Manufactured/Mobile

Year Built: _____ Square Footage: _____

Number of Bedrooms: _____ Number of bathrooms: _____

Utilities Included: Electric Gas Propane Water Sewer Trash

TCHAO will not approve a rent increase where the requested effective date is during the initial term of the contract or during the term of a renewed lease. (If the landlord offers the tenant a new lease and the tenant accepts, the landlord must send TCHAO a copy of the new signed lease.)

TCHAO must receive the rent increase request at least 60 days in advance of the requested effective date.

TCHAO will not process a rent increase request received more than 120 days in advance of the requested effective date.

Signature: _____ Date: _____

RETURN FORM TO:
E-MAIL: TCHAOlandlord@tarrantcounty.com
MAIL: 2100 Circle Drive, Ste. 200, Fort Worth, TX 76119
FAX: (817) 850-2329

Office Use ONLY!	
Date of Last Rent Increase: _____	
Rent Reasonable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount approved: \$ _____	
Signature: _____ TCHAO Representative	Date: _____

