



Wayne E. Pollard  
Director of Housing

**TARRANT COUNTY**  
HOUSING ASSISTANCE OFFICE

Telephone: (817) 531-7640  
Fax: (817) 850-2329  
TDD/TTY: (817) 531-7686

**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: \$ \_\_\_\_\_

Please state the reason for the rent increase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unit Information (please circle all that apply)**

Type of Unit: House Apartment Duplex Manufactured/Mobile

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Bedrooms: 1 2 3 4 5 6 Number of bathrooms: 1 1.5 2 2.5 3

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: MIKE MONCADA, INSPECTIONS  
SUPERVISOR E-MAIL: MikeMoncada@TarrantCounty.com  
FAX: 817-850-2329  
MAIL: 2100 Circle Drive, Ste. 200, Fort Worth, TX 76119

Tarrant County Housing Assistance Office use ONLY	
Rent Reasonable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount approved: \$ _____	
Signature: _____ Inspections Supervisor	Date: _____

