



# SCOTT COUNTY CDA: NOTICE OF PROPOSED RENT CHANGE

I (we) hereby authorize Scott County CDA, hereinafter called COMPANY, to initiate credit entries to the account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**OWNER:**

**RENTER:**

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**Dear Owner/Manager,**

The Section 8 Program requires the Scott County CDA to review program participants' files annually. The effective date for this re-examination is: \_\_\_\_\_.

Please use this form to notify the CDA of any proposed changes in the rent amount to be effective on the above date. Return this form by \_\_\_\_\_ to provide the CDA with the HAP required 60-day notice. *\*If this form is not returned by the above date, the CDA will assume the contract rent will remain unchanged and the paperwork will be completed accordingly.*

1. Are you renewing this lease?

- Yes:** Please complete the remainder of this form
- No:** You must return a copy of the non-renewal notice sent to the resident

**Note:** A lease may be terminated without cause only at the end of a definite term.

2. The CDA prefers a one-year lease. Will you be offering this?

- Yes**
- No:** The caseworker will contact you.

3. Have any lease terms of the lease changed?

- Yes**
- No**

*\*If yes, please explain:* \_\_\_\_\_

4. Please indicate the rent amount you will charge on the above effective date: \$\_\_\_\_\_

Does the above rent include the garage rental charge? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, is the garage optional? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

How much is attributed to the garage? \$\_\_\_\_\_

5. Is this a Tax Credit unit?

- Yes**
- No**

6. Bedroom size: \_\_\_\_ 1 Bedroom \_\_\_\_ 2 Bedroom \_\_\_\_ 3 Bedroom \_\_\_\_ 4 Bedroom

\*More than 4 Bedrooms (Please indicate how many) \_\_\_\_

7. What type of rental unit is this (please check one)?

\_\_\_\_ Single Family Home \_\_\_\_ Townhome/Duplex \_\_\_\_ Multiple Unit (5 or more units) \_\_\_\_ Other: \_\_\_\_

8. Utilities: Please mark **T** if the tenant is responsible for payment or **O** if the owner is responsible. Then, **circle** the correct appliance source.

\_\_\_\_ Natural Gas: Heat/Water Heat/Cooking Heat

\_\_\_\_ Electric: Heat/Water Heat/Cooking Heat

\_\_\_\_ Water \_\_\_\_ Sewer \_\_\_\_ Trash

9. Owner's Certification: The Owner/Manager certifies that the contract rent charged for this unit *does not exceed* rents currently being charged by the owner for other comparable unassisted units

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**SIGNATURE**

**DATE**

**PHONE**

**EMAIL**

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