



Arlington DHS Housing Choice Voucher Program  
2100 Washington Blvd. 3<sup>rd</sup> floor  
Arlington, VA 22204  
Tel 703.228.1450 FAX 703.228.1042  
www.arlingtonva.us

## LANDLORD'S REQUEST FOR RENT CHANGE (RFRC) OR CHANGE UTILITIES ASSIGNMENT

### Rent Increase Requirements:

- Your request must be submitted via email 60 days before the Lease anniversary date. The date/time stamp on the email shall be the time of record for submission
  - Request received outside this timeframe that are authorized for contract rent increase will be effective the first day of the month following the 60-day notice
- Email the completed RFRC form to: [HCV@arlingtonva.us](mailto:HCV@arlingtonva.us) with the following information:
  - The subject line must state "Rent Increase Request"
  - In the body of the email please list the tenant's name (Head of household only).
  - If you printed the LRRC form and you completed it manually, please only scan and email pages 2 and 3
- Landlord must obtain written authorization of the rent increase from the HCV Office
- Landlord must give Tenant & the HCV Office 60-day notice of rent increase
- Enforcement of a rent increase to the Tenant without authorization from the HCV Office is a violation of the Housing Assistance Payments Contract (Part B Section 6 & 8 c.d., Part C 5.e & 14)



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**LANDLORD’S REQUEST FOR RENT CHANGE TO ARLINGTON HCV OFFICE**

To be completed by HCVP only:  
 Confirmed Effective Date:  
 \_\_\_\_\_

Effective date of increase/decrease (must be on the anniversary date): \_\_\_\_\_

Current Rent: \_\_\_\_\_ Proposed Rent: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address \_\_\_\_\_

Landlord/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord/Owner Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord/Fax and Email: \_\_\_\_\_

Owner’s Certification. The program regulation requires the Arlington HCV Office to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Please complete the following section by providing three (3) of the most recently leased comparable unassisted units within the premises or within a two (2) mile radius of this leased unit.

Address & Unit Number	Date Rented	Rental Amount	Notes

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner. Changes in utilities allowances will necessitate a new Lease + HAP Contract.

Item	Specify fuel type					Provided by:	Pay by:
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or other		
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or other		
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other		
Other Electric							
Water							
Sewer							
Trash Collection							
Air Conditioning							
Refrigerator							
Range, Microwave							
Other							

Unit Information:

**Property Type:** Single Family Detached \_\_\_ Semi-Detached/Row House \_\_\_ Manufactured Home \_\_\_ Garden/Walkup \_\_\_ High Rise \_\_\_

**Year Constructed:** \_\_\_\_\_ **Number of Bedrooms:** \_\_\_\_\_ **Number of Bathrooms:** \_\_\_\_\_

**Maintenance included in the rent:** Lawn \_\_\_\_\_ Pest Control \_\_\_\_\_

**Amenities/Utilities:**

Washer \_\_\_\_\_ Dryer \_\_\_\_\_ Stove \_\_\_\_\_ Refrigerator \_\_\_\_\_ Dishwasher \_\_\_\_\_ Microwave \_\_\_\_\_

Hook-ups \_\_\_\_\_ Garbage Disposal \_\_\_\_\_ Ceiling Fan \_\_\_\_\_ Pool \_\_\_\_\_

**Air conditioning:** Central \_\_\_\_\_ Window \_\_\_\_\_ None \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_

**Heat:** Central \_\_\_\_\_ Window \_\_\_\_\_ None \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_

**Parking:** Assigned parking \_\_\_\_\_ Unassigned parking \_\_\_\_\_ Covered parking \_\_\_\_\_ Street \_\_\_\_\_