

CITY OF GARLAND HOUSING  
210 CARVER SUITE 201B  
GARLAND, TX 75040  
972-205-3388 FAX



CASEWORKER: \_\_\_\_\_

DATE \_\_\_\_\_

## Request for Rental Increase

PLEASE NOTE THAT THIS REQUEST MUST BE RECEIVED SIXTY (60) DAYS PRIOR TO THE EXPIRATION OF THE TENANT'S HAP CONTRACT

### LANDLORD INFORMATION

NAME OF COMPLEX/OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

### TENANT INFORMATION

NAME OF TENANT: \_\_\_\_\_

ADDRESS OF UNIT: \_\_\_\_\_

OLD RENT AMOUNT: \_\_\_\_\_

NEW RENT AMOUNT: \_\_\_\_\_

# OF BEDROOMS: \_\_\_\_\_

CHANGE IN UTILITY RESPONSIBILITY FOR TENANT? YES  NO

If yes, please complete the request for tenancy approval attached, as well as the information below)

Heating  
Cooking  
Water Heat  
Other Electric  
Water

| Paid By |        |
|---------|--------|
| Owner   | Tenant |
|         |        |
|         |        |
|         |        |
|         |        |
|         |        |

Sewer  
Trash  
Air Conditioning  
Refrigerator  
Range

| Paid By |        |
|---------|--------|
| Owner   | Tenant |
|         |        |
|         |        |
|         |        |
|         |        |
|         |        |

email to [kgorman@garlandtx.gov](mailto:kgorman@garlandtx.gov)