

1400 North Reagan Street P.O. Box 1900 San Benito, TX 78586

Office: (956) 399-7501 Fax: (956) 399-5413 www.sanbenitohousing.com

REQUEST FOR RENTAL CHANGE

Participating landlords in the Housing Choice Voucher (HCV) Program may request a rental change *after the initial year lease term.* In order to be approved, this form must be completed in its entirety with both the landlord and participant's signature. This form must be submitted *at least 60 days before any such changes go into effect.* Please note that *all changes in responsibility to pay utilities or provide appliances will result in a new lease and Housing Assistance Payment Contract (HAP).*

SBHA will determine if the requested rent is reasonable by comparing your rent to those equivalent units in the private market. If SBHA determines your proposed rent is not reasonable, SBHA must deny your request.

Complete this form and scan, fax, or email to cespinosa@sanbenitohousing.com or fax (956) 399-5413.

TO BE COMPLTED BY THE OWNER/LANDLORD	
Participant Name:	
Current Address:	
Landlord/Payee Name:	
Landlord/Payee Phone Number:	
Landlord/Payee Email:	
Has there been a change in responsibility to pay utilities and/or provide appliance? ☐ No ☐ Yes	
If yes, explain:	
What is the current rent of the unit? \$ per month	
What is the requested new rent for this unit? \$ per month	
By executing this request, I certify that the unit is in decent, safe and sanitary condition and the participant is in with the terms and conditions of the lease agreement. Please note this request will be denied if the partic not sign.	
Landlord/Owner Signature Date	
Please note that if the above change(s) result in a rental increase, your rent portion may increase.	
Participant Signature Date	
FOR SBHA USE ONLY APPROVED DENIED	



