

Dennis Housing Authority

167 Center Street

South Dennis, MA 02660

Tel: (508) 394-3120 Fax: (508) 760-2352 TTD: (800) 439-2370

RENT INCREASE REQUEST FORM

This form must be completed and returned 60 days in advance of the requested increase date.

Attach a copy of the notice you sent to the tenant notifying them of the potential increase

Tenant name: _____

Subsidized unit address: _____

Owner Name: _____

Owner Address: _____

Owner phone: _____ Owner email: _____

Current Monthly Rent: _____

Proposed Monthly Rent: _____

Requested effective date of increase: _____

Owner Signature

Date