

**Dennis Housing Authority**  
167 Center Street  
South Dennis, MA 02660  
Ph: 508-394-3120; Fax: 508-760-2352

**Massachusetts Rental Voucher Program (MRVP)**  
**RENT INCREASE REQUEST FORM**

- This form must be completed and returned at least 90 days in advance of the requested increase date, which must be the lease renewal date.
- Rent increases requested less than 60 days prior to the lease renewal date will not be processed until the following year.
- Rent increases are limited to 3% of the contract rent and can only be increased once in any 12-month period.

Attach a copy of any notice you sent to the tenant to this form. If you have not sent one and the increase is approved, you must send the tenant a letter notifying them of the 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 (lease renewal date only): \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

*"Equal Opportunity Housing and Employment"*

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