Dallas Housing Authority
Housing Voucher Program
Request for Rental Adjustment Form

Complete this form ONLY if you are requesting a rental adjustment. Please return completed form to the Dallas Housing Authority at least 90 days prior to the end of the lease term; along with a copy of the notice of rental increase to your tenant. If approved, DHA will inform you of the effective date, to ensure that the tenant has 30 days' notice of their increased rental portion.

Fax to: 214-599-6188 OR Mail to: 3939 N. Hampton Rd. Dallas, TX 75212 ATTN: Landlord Services

OWNER INFORMATION	**CLIENT INFORMATION**
Owner Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone Number:	Telephone number:
Request Rent: **Vendor Number:**	**Current Rent:** **Client Number:**

1. Building Type:

☐ Apartment ☐ Condo ☐ Townhouse ☐ Single Family ☐ Duplex

Number of Bedrooms: _____ Number of Bathrooms: _____

Square Footage: _____ Year Built: _____

2. Amenities/Utilities:

					Item	**Specify Fuel Type**	**Provided by**	**Paid by**
Air Conditioning (Central/Window Unit)	Yes		No					
Heating (Central/Wall)	Yes		No					
Carport	Yes		No		Heating	☐ Natural gas ☐ Oil ☐ Electric		
Ceiling Fan(s)	Yes		No					
Dishwasher	Yes		No		Cooking	☐ Natural gas ☐ Electric		
Disposal	Yes		No					
Enclosed Balcony/Patio	Yes		No		Water Heating	☐ Natural gas ☐ Oil ☐ Electric		
Fireplace	Yes		No					
Garage 1 2 3 (Circle One)	Yes		No		Other Electric			
Gated complex/Community	Yes		No					
Handicap Accessibility	Yes		No		Water			
Laundry Facilities/Hook ups	Yes		No					
Lawn Care	Yes		No					
Microwave	Yes		No		Sewer			
Off street parking	Yes		No					
Pest Control	Yes		No					
Playground	Yes		No		Sub-metered/Allocated	☐ Natural gas ☐ Oil ☐ Electric ☐ Water		
Pool	Yes		No					
Storage Room	Yes		No		Trash Collection			
Security door/Windows	Yes		No					
Washer or Dryer (Circle One)	Yes		No					
Other (specify):					Refrigerator			
					Range			

3. Unassisted Units:

If complex has two or more units of same bedroom/bath size, provide comparable data below on unassisted units that are in the same complex for units leased within 60 days of this request.

Are all units assisted ☐ Yes ☐ No Individually Owned: ☐ Yes ☐ No

1. Address of Unit (Include Apt #)

Rent Amount $	# of Bedroom(s)/Bath(s):	Date Rented:

2. Address of Unit (Include Apt #)

Rent Amount $	# of Bedroom(s)/Bath(s):	Date Rented:

3. Address of Unit (Include Apt #)

Rent Amount $	# of Bedroom(s)/Bath(s):	Date Rented:

As the Owner, I am aware that:

I am not permitted to live in the assisted unit while I am receiving Housing Assistance Payments.

Are you the parent, child, grandparent, sister, brother, stepparent or stepchild of any member of the tenant family? ☐ Yes ☐ No

_____ ☐ Owner ☐ Agent ☐ Manager

Signature

_____ _____ _____

Print Name Date Telephone Number