

Housing Authority of Thurston County PO Box 1638 ● Olympia, WA 98507-1638 Tel:(360) 753-8292 ● Fax: (360) 251-0500 www.hatc.org

RENT INCREASE or CHANGE IN LEASE TERMS REQUEST

For an Existing Lease and Contract under the Voucher Program of the Housing Authority of Thurston County

Lease between (Owner/Landlord)	and (Tenant)		
Owner/Agent proposes the follow		·		
Owner/Agent proposes the follow	wing changes in the le	ase for the unit located at.		
Address, City, State, Zip				
Owner/Agent Tax ID Number:				
	ı	REQUESTED CHANGES		
Effective Date of Increase/Change	2:			
New Contract Rent Amount (Base	e rent w/o fees)			
Rent increase will be an increase	of% a	a month		
FEES	AMOUNT		YES	NO
Utility Fee		Is the tenant in their initial 12-months of tenancy?		
Storage		_		
Insurance		Has the rent been increased within the last 12-months?		
Washer/Dryer Rental		Is this a Tax Credit property?		
Carport/Garage		Are you claiming any exemptions? (If yes, must provide supporting documentation)		
Other:				
I certify that I have given a writte	n notice to the tenant	of the proposed changes.		
Landlord or Agent Signature		Date		
Landlord or Agent Email		Landlord or Agent Phone Number		

