



February 27, 2020

IMPORTANT CHANGES – PLEASE READ THIS LETTER
Housing Choice Voucher (HCV) Program

Dear Property Owner:

The Lynn Housing Authority & Neighborhood Development (LHAND) is writing to notify you of important changes to the Housing Choice Voucher (HCV) program. LHAND is pleased to inform you that we have established an Owner Services team. All Owner related issues and concerns will be addressed by the Owner Services team. It is our belief that establishing a single point of contact for owner related services and issues will result in more timely and effective communications and transactions.

Effective immediately, owner inquiries and issues related to the HCV program will be handled by LHAND's Owner Services. Contact information for the Owner Services is included below.

Lynn Housing Authority & Neighborhood Development
Attention: Owner Services
174 South Common Street, Lynn, MA 01905
Email: ownerservices@lhand.org
Fax: 781-592-0320
Phone Number: 781-581-8700

Important Information Concerning Rent Increases: In addition to responding to owner inquiries and issues, the newly created Owner Services team will be responsible for receipt and processing of all owner rent increase requests. This change will result in more timely and efficient rent increase requests and determinations. **Please see the back of this page for the requirements for processing and approval of rent increases.**

You do not need to respond to this letter. However, please feel free to reach out to our Owner Services if you have any questions regarding the information contained in this letter. We thank you for your continued interest and participation in the Housing Choice Voucher Program.

Additionally the LHAND is now using GoSection8.com. GoSection8 is a large affordable housing network database where landlords can list their units and prospective tenants can search for units. For more information please go to GoSection8.com.

Sincerely,

Erin Sheehan

Erin Sheehan
Rental Assistance Manager



Requirements for Processing & Approving Rent Increases Housing Choice Voucher (HCV) Program

1. After the initial occupancy period, the owner may request a rent adjustment in accordance with the owner's lease.
2. Requests for rent increases may be made once per year per unit. The rent may not be increased until after one year has elapsed from a prior contract rent increase.
3. Effective immediately, requests must be made on the attached Request for Rent Increase Form which is also available on LHAND's website at LHAND.org/landlord information or in person at LHAND's office at 174 South Common Street, Lynn, MA 01905.
4. The Request for Rent Increase form must be completed in its entirety and must be received at least 60 days prior to the requested effective date for the rent increase. Requests for rent increases may be sent via US Mail, Fax, Email or hand delivered to:

Lynn Housing Authority & Neighborhood Development
Attention: Owner Services
174 South Common Street, Lynn, MA 01905
Email: ownerservices@lhand.org
Fax: 781-592-0320

5. The requested rent must be reasonable, as determined by LHAND's rent reasonableness process.
6. The unit for which the rent increase is requested must be in compliance with Housing Quality Standards.
7. LHAND will prepare and send a Rent Increase Outcome letter.

PROJECT BASED COMPONENT ONLY:

1. Requests for rent increases may be made at least 60 days prior to the HAP contract anniversary date. If the request is made less than 60 days prior to the HAP contract anniversary date, it may delay the effective date of the approved rent adjustment. Adjustments may not be applied retroactively. Requests received after the HAP anniversary date will not be considered until the next HAP anniversary date.



REQUEST FOR RENT INCREASE FORM
Housing Choice Voucher Program

LHAND Receipt: Date Stamp

As an Owner with units under Housing Assistance Payment (HAP) contract in the Housing Choice Voucher (HCV) program administered by the Lynn Housing Authority & Neighborhood Development (LHAND), you may request a rent increase once per year. The request must be submitted to LHAND at least 60 days prior to the requested effective date for the rent increase.

Upon receipt of this form, LHAND will process your request and make a determination on the outcome of your request. In order for LHAND to approve this request:

- The Request Form must be completed in entirety and signed and dated by the tenant and owner;
- The request must be received within the appropriate time frame;
- The requested rent must be reasonable; and
- The unit must be in compliance with HQS.

LHAND will notify you in writing regarding the outcome of your request. Please note, if you have changed the utility payment responsibilities or fuel types, LHAND will not be able to process your request at this time. You will be contacted by LHAND to execute a new HAP contract.

You may return this form via the following methods:

- In Person
- U.S. Mail: LHAND, Attention: Owner Services, 174 South Common Street, Lynn, MA 01905
- Email: ownerservices@lhand.org
- Fax: 781-581-8773

If you have any questions regarding this process please contact the Owner Services team at 781-581-8722 or email ownerservices@lhand.org.

TO BE COMPLETED BY PROPERTY OWNER OR AGENT

Date of Request _____

Owner Name Phone Number Email Address

Mailing Address City, State and Zip Code

Tenant/Head of Household Name

Rental Unit Address and Unit# City, State and Zip Code

\$ _____ **Current monthly rent**

_____ **Date of last rent increase**

_____ **Requested effective date for the rent increase**

\$ _____ **Requested monthly rent** for the unit for the reason(s) listed below:

1. Has the payment responsibility for the utilities changed? Yes No
2. Has the fuel type for any utilities changed? Yes No

3. Structure Type:

- Single family detached includes building structures that house only one family under one roof.
- Semi-detached includes units in duplexes and two-family homes.
- Low-rise includes multifamily apartment buildings of five or more units and up to four stories. Also includes five or six story buildings without an elevator.
- High-rise with elevator includes buildings of five stories or more with elevators.
- Rowhouse/townhouse includes structures with three or more units side-by-side and under one roof.
- Manufactured home includes mobile homes.

4. Number of Bedrooms: _____ Bathrooms: _____ Square Footage: _____

5. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T"

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

6. Amenities

- Owner Supplied Washer/Dryer Washer/Dryer Hook-ups Yard Porch
- Microwave Dishwasher Garbage Disposal Air Conditioning Extra Room
- Storage On-site Maintenance Hard wired smoke detectors Alarm System
- Other: _____ Other: _____

- Parking
- Garage
- Driveway
- Assigned
- Open

7. Comparable unassisted units within the premises (if any):

Address and unit number	Date Rented	Rental Amount

OWNER & TENANT CERTIFICATION

By executing this request, I certify that the unit is in decent, safe and sanitary condition and that I am in compliance with the terms and conditions of the lease and Housing Assistance Payment Contract.

➤ _____
 Owner/Agent Signature Date

By executing this request, I certify that the Owner has notified me of the request for a rent increase for my unit. I understand that if this increase results in a rent which is no longer affordable to me, I may begin the relocation process.

➤ _____
 Tenant Signature Date