



**Kansas City, Kansas
Housing Authority**

1124 North Ninth Street
Kansas City, KS 66101-2197
(913) 281-3300 FAX (913) 279-3428
Section 8 Dept FAX (913) 279-3477

**Section 8 Department
Contract Rent Increase Request Form**

Date: _____

Tenant Name: _____

Tenant Address: _____

Current Contract Rent on Unit: _____

Reasonable Contract Rent Requested: _____

Please list any additional amenities added or other factors that have occurred since your last rent change that would justify an increase in your rent.

Owner Name: _____

Owner Daytime Phone Number: _____

Owner Signature: _____

FAILURE TO SUBMIT THIS FORM TO THE SECTION 8 OFFICE 60 DAYS PRIOR TO THE EXPIRATION OF THE HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT WILL RESULT IN THE FAILURE TO RECEIVE ANY APPLICABLE CONTRACT RENT INCREASE AT THE TIME OF RECERTIFICATION.

For Office Use Only

Approved _____

Disapproved _____

Negotiated Rent _____