



Gardner Housing Authority  
HCV Program (Section 8)  
116 Church Street, Suite 1  
Gardner MA 01440-2556

978-632-6634 Phone FAX 978-632-2043  
[pccaranfa@gardnerha.com](mailto:pccaranfa@gardnerha.com)



**RE: Rent Increase Request**

Dear Landlord,

Thank you for your inquiry to the process of requesting a rent increase. Rent increases are allowed once annually. Preferably, effective on the anniversary of the participant's recertification. You can send your request in advance, to coincide with a new lease. Please note that we must receive all required forms 60 days prior to the effective date.

**Per our policy, landlords must request rent increases to the Housing Choice Voucher program (commonly known as Section 8) in writing by completing the following two forms for each individual unit:**

- 1. Go Section 8 Rent Reasonable Request form and**
- 2. Landlord Rent Comparability (Landlord Request for Rent Increase Statement of Rent Reasonableness)**

I have enclosed the required forms in order to process your request. *If approved, this change will be effective on the first of the month after 60 days of receipt.* You may return these to me via fax, scan and email, or USPS first class mail.

Thank you in advance. Feel free to contact me with any questions.

Sincerely,

*Pamela Caranfa*

Pamela Caranfa  
Program Administrator

Enclosures

Please email completed form to [RROD@gosection8.com](mailto:RROD@gosection8.com).  
For immediate assistance call (561) 362-1099.  
Fields with an \* are required. PLEASE PRINT CLEARLY

**TENANT INFORMATION**

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
Voucher # / Reference #: \_\_\_\_\_ Housing Authority Name: Gardner Housing Authority

**(STEP 1) PROPERTY LOCATION**

\* Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_ \* County: \_\_\_\_\_

**(STEP 2) PROPERTY INFORMATION**

|                             |                  |                       |  |
|-----------------------------|------------------|-----------------------|--|
| * New Rent Amount: \$ _____ | * Bed(s): _____  | Square Footage: _____ | Quality and Condition: <input type="radio"/> Unknown <input type="radio"/> Poor  |
|                             | * Bath(s): _____ | Year Built: _____     | <input type="radio"/> Fair <input type="radio"/> Average <input type="radio"/> Above Average <input type="radio"/> Excellent |

\* Property Type:  
 House  TH/Villa  Apt  Condo  Mobile Home  Row House  Duplex  Triplex  4plex  High-Rise  Low-Rise  
 Condo (APT)  Condo (TH/Villa) Applicable Utility Schedule: \_\_\_\_\_

**(STEP 3) AMENITIES AND UTILITIES \* Must Complete for Adjustment Accuracy**

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>Heating Fuel:</b><br><input type="checkbox"/> Gas <input type="checkbox"/> Electric<br><input type="checkbox"/> Oil <input type="checkbox"/> Propane   | <b>Heating Fuel Paid by:</b><br><input type="checkbox"/> Tenant<br><input type="checkbox"/> Owner  | <b>Cooking fuel Type:</b><br><input type="checkbox"/> Propane <input type="checkbox"/> Gas<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil | <b>Cooking Paid by:</b><br><input type="checkbox"/> Tenant<br><input type="checkbox"/> Owner   | <b>Hot Water fuel Type:</b><br><input type="checkbox"/> Gas <input type="checkbox"/> Propane<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil       | <b>Hot Water Paid by:</b><br><input type="checkbox"/> Tenant<br><input type="checkbox"/> Owner   | <b>Utilities: Electric paid by:</b><br><input type="checkbox"/> Tenant<br><input type="checkbox"/> Owner |
| <b>Water Type:</b><br><input type="checkbox"/> Well Water<br><input type="checkbox"/> City Water  | <b>Water Paid by:</b><br><input type="checkbox"/> Tenant<br><input type="checkbox"/> Owner   | <b>Sewer Type:</b><br><input type="checkbox"/> Septic Tank<br><input type="checkbox"/> Public Sewer  | <b>Sewer Paid by:</b><br><input type="checkbox"/> Tenant<br><input type="checkbox"/> Owner   | <b>Cooling Type:</b><br><input type="checkbox"/> Window/Wall <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Central<br><input type="checkbox"/> None |  |  |
| <b>Heat Type:</b><br><input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Central<br><input type="checkbox"/> Window/Wall <input type="checkbox"/> Radiator <input type="checkbox"/> None<br><input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler |  | <b>Indoor:</b><br><input type="checkbox"/> Ceiling Fan(s)<br><input type="checkbox"/> Cable Included   | <b>Laundry Type:</b><br><input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer<br><input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Dryer<br><input type="checkbox"/> Washer/Dryer |  | <b>Kitchen:</b><br><input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove<br><input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave<br><input type="checkbox"/> Garbage Disposal |  |
| <b>Outdoor:</b><br><input type="checkbox"/> Swimming pool<br><input type="checkbox"/> Gated Community<br><input type="checkbox"/> Balcony   | <b>Parking:</b><br><input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 1 Covered Space <input type="checkbox"/> Street <input type="checkbox"/> Open<br><input type="checkbox"/> 2 Car Garage <input type="checkbox"/> 2 Covered Spaces <input type="checkbox"/> Assigned <input type="checkbox"/> Unknown<br><input type="checkbox"/> 3 Car Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> None |  |  | <b>Maintenance:</b><br><input type="checkbox"/> Pest Control Included<br><input type="checkbox"/> Lawn Included<br><input type="checkbox"/> Trash Included           |  |  |

For immediate assistance call (561) 362-1099. Email completed form to [RROD@gosection8.com](mailto:RROD@gosection8.com).  
By submitting this form I affirm that I am at least 18 years of age and have read and agree to GoSection8.com terms of use and privacy policy located at: [gosection8.com/Main/terms\\_of\\_use.aspx](http://gosection8.com/Main/terms_of_use.aspx)



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**LANDLORD RENT COMPARABILITY**

Landlord Request for Rent Increase Statement of Rent Reasonableness

Tenant Name and Address: \_\_\_\_\_

Landlord Name and Address: \_\_\_\_\_

Current Monthly Rent Receiving: \$ \_\_\_\_\_ New Requested Rent: \$ \_\_\_\_\_

I hereby certify that the rent requested for the apartment of my tenant listed above is comparable to the other rents charged for similar type units of tenants residing in this apartment building.

I offer for reference:

|                     |  |                            |  |                       |  |
|---------------------|--|----------------------------|--|-----------------------|--|
| Address & Apartment |  | Date Rented to this Family |  | Monthly Rent Received |  |
| Address & Apartment |  | Date Rented to this Family |  | Monthly Rent Received |  |
| Address & Apartment |  | Date Rented to this Family |  | Monthly Rent Received |  |

The rent requested for the apartment of the above named tenant IS NOT COMPARABLE to the current rents being charged due to (explain): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed Under the Pains and Penalties of Perjury

\_\_\_\_\_  
 Landlord/Agent Signature

\_\_\_\_\_  
 Date

The above must be filled out completely, signed and returned to this office for a determination to be made. If approved, this change will be effective on the first of the month after 60 days of receipt. No rent increase will be approved without the return of the completed forms: 1) Landlord Rent Comparability and 2) GoSectio8.com Rent Reasonable Form.

|  |                                     |                   |
|--|-------------------------------------|-------------------|
| <b>FOR OFFICE USE ONLY:</b>  |                                     |                   |
| <input type="checkbox"/> Go Section 8.com Rent Reasonable Form   |                                     |                   |
| <input type="checkbox"/> LL Request for Rent Increase Statement Reasonableness/Comparability (Purple) Form |                                     |                   |
| Go Section 8 Sent: _____   | Received: _____                     | Approved / Denied |
| Letter To LL: _____  | Date Rent Increase Effective: _____ | GHA Rep: _____    |