



RENT INCREASE REQUEST FORM

IN ORDER TO PROCESS YOUR RENT INCREASE THIS FORM MUST BE FILLED OUT IN IT'S ENTIRETY AND RETURNED WITHIN 10 DAYS FROM THE DATE OF THE ANNUAL INSPECTION LETTER.

DATE:

OWNER OF UNIT:

OWNER VENDOR #

ADDRESS OF UNIT:

NUMBER OF BEDROOMS IN UNIT:

SQUARE FOOTAGE OF UNIT:

UNIT ZIP CODE:

CLIENTS NAME:

CLIENT #

CURRENT CONTRACT RENT OF UNIT:

REQUESTED RENT INCREASE FOR UNIT:

REQUESTED CHANGE IN PAYMENT OF UTILITIES:

SPECIFY WHO PAYS UTILITIES BY CHECKING APPROPRIATE SPACE

ELECTRIC	_____	OWN	_____	TEN
WATER	_____	OWN	_____	TEN
GAS	_____	OWN	_____	TEN
TRASH	_____	OWN	_____	TEN

INSPECTIONS FAX # 817-877-3576

FTWHA EMAIL:

