



NOTICE OF RENT ADJUSTMENT

MULTI-FAMILY UNITS

Submit this form to the Longview Housing Authority.

Email: LHA@LongviewTexas.gov

Fax: (903) 237-1254

Mail: P.O. Box 1952, Longview, Texas 75606

This serves as notice that the Housing Assistance Participant listed below has been informed of the following rent adjustment:

PARTICIPANT'S NAME: _____

UNIT ADDRESS: _____

ZIP CODE: _____ **CURRENT RENT \$** _____

ADJUSTED RENT \$ _____ **REQUESTED EFFECTIVE DATE:** _____

A rent rate increase of \$ _____ per month is scheduled to take effect on this unit.

MULTI-FAMILY RENT COMPARABILITY VERIFICATION: Please complete the following section for three (3) most recently leased comparable unassisted units within the premises.

Address and Unit Number	Date Rented	Rent Rate Amount

SERVICE TO TENANT

Notice was mailed to my tenant on: _____

Certified Mail Tracking Number **(REQUIRED)**

Remit a copy of notice to tenant with this declaration to the Longview Housing Authority (LHA). If approved, your requested increase will go into effect 60 days from date received by LHA.

Signature of Landlord

Address

Phone

Email