

**DEPARTMENT OF SOCIAL SERVICES
Section 8 Housing Choice Voucher Program**

Dr. Robert L. Yeager Health Center
50 Sanatorium Rd., Building L
Pomona, New York 10970
(845)364-3330 Fax (845) 364-3222

Joan M. Silvestri
Commissioner

RENT INCREASE REQUEST FORM

Note: If the unit has not passed inspection or is in abatement, this request will be automatically denied.

Submit this completed form with a copy of your current lease by mail to Rockland County Housing Choice Voucher Program, or by fax to 845-364-3222 and email RocklandHCV@Co.Rockland.ny.us

Participant Name		Complex Name (if applicable)	
Unit Street Address		Apt #	
City, State, Zip Code			
Owner/Company Name			
Email		Telephone	
Mailing Address			
City, State, Zip Code			
Managing Agent Name (if applicable)			
Email		Telephone	

Structure Type	Single Family Detached Semi-detached/Row House Manufactured Home Garden/Walkup Elevator/High-rise	Rent Control/Stabilized/ETPA Apartment	Yes No		
# of Bedrooms	Current Rent \$	ETPA – Deregulated (if yes, provide notice from NYSHCR)	Yes No		
# of Bathrooms	Requested Rent \$	LIHTC Units (if yes, provide tax credit rent amount by bedroom size)	Yes No		
Utility		Responsible Party		Change in responsible party?	
Electricity		Owner	Participant	Yes	No
Heating	Electric Oil Natural Gas	Owner	Participant	Yes	No
Water Heating	Electric Oil Natural Gas	Owner	Participant	Yes	No
Cooking	Electric Natural Gas	Owner	Participant	Yes	No
Water/Sewer		Owner	Participant	Yes	No
Trash Collection		Owner	Participant	Yes	No
Stove		Owner	Participant	Yes	No
Refrigerator		Owner	Participant	Yes	No

I have reviewed this form and agree that the utility information above is correct. I understand this request may result in an increase in my portion of the rent.

Participant Signature		Date	
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I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Property Owner Signature		Date	
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Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.