



HOUSING COMMISSION OF ANNE ARUNDEL COUNTY

7485 BALTIMORE-ANNAPOLIS BLVD.

GLEN BURNIE, MD 21061

(410)222-6200 ♦ FAX (410)222-6809 ♦ TDD-MDRELAY711

Request for Rent Increase

DATE: _____

Landlord/Company Name: _____

Landlord Contact Name: _____

Landlord Contact Email: _____

Landlord Phone Number: _____

Tenant Name: _____

Unit Address: _____

City & State: _____

Zip Code: _____

Leased Unit Size:

- ☐ Single Room (SRO) ☐ Three bedroom
☐ Efficiency ☐ Four bedroom
☐ One bedroom ☐ Five bedroom
☐ Two bedroom ☐ Six bedroom

Tenant Utilities: *Please circle type of heating/ cooking/ water heating.*

- ☐ Heating – Gas/ Electric/ Oil/ Propane ☐ Water
☐ Cooking – Gas/ Electric/ Propane ☐ Sewer
☐ Hot Water Heating - Gas/ Electric
☐ Air Conditioning

Year Built: _____

Number of Baths: _____

Leased Unit Type:

- ☐ Apartment/Condo/Garden Low-Rise ☐ Single Family Home/Detached
☐ Townhouse/Row Home ☐ Mobile Home
☐ Duplex/Semi Detached End Townhouse ☐ High-Rise (five or more stories)
☐ Triplex/Quadplex/Semi Detached

List of amenities to consider with requested increase, to included recent renovations:

Requested Rent Change:

Current Rent: \$ _____

Requested Rent: _____

\$ _____

Effective date for requested change: _____

***(Must be the first day of a month with at least 60 days' notice, after the first 12-month lease).*

****NOTE:** You MUST send a copy of the notice you send to the tenant or a copy of the lease addendum given to the tenant, to the Housing Services office at least 30 days prior to the requested effective date of the change.

Landlord Signature _____

Date _____

BELOW IS FOR HOUSING COMMISSION USE ONLY

☐ **Approved**

☐ **Denied**

Reason for denial _____

Supervisor signature for approval _____

Date of approval _____