



REQUEST FOR ANNUAL RENT INCREASE

TO BE COMPLETED BY LANDLORD

UNIT ADDRESS: _____

Single Duplex Row Garden / Walk-up High Rise

Current Rent \$ _____ New Rent Amount \$ _____

**** Requests for rent increases must be submitted, to our office, within 10 days of receiving this letter to provide a minimum of 60 days to process your request. Moderate increases would be appreciated.**

PLEASE CHECK OFF ALL THAT APPLY TO THE ABOVE UNIT:

- | | | |
|--|--|--|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Covered and/or Off-street |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Energy Efficient Cert | <input type="checkbox"/> Unit Handicap Accessible |
| <input type="checkbox"/> Playground/Courts | <input type="checkbox"/> Security System | <input type="checkbox"/> Working Fireplace |
| <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Central A/C Unit | <input type="checkbox"/> Fenced |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Storage | <input type="checkbox"/> Deck/Balcony/Patio/Porch |
| <input type="checkbox"/> Yard Sprinkler System | <input type="checkbox"/> Ceramic Tile Floors | <input type="checkbox"/> Cable/Internet ready |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garage | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Range | <input type="checkbox"/> Carpeting | <input type="checkbox"/> Washer/Dryer Hookups |
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Elevator | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Modern Appliances | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Window/Wall A/C Unit |

ATTENTION LANDLORDS:
By completing this form does not guarantee the rent increase. Our office will conduct a comparable rent determination for similar units around the Harrisburg area before the rental adjustment is made.

Landlord Signature *Date*