



REQUEST FOR ANNUAL RENT INCREASE

TO BE COMPLETED BY LANDLORD

CLIENT NAME: _____

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