



Ohio Valley Opportunities

Housing Choice Voucher Program (Section 8)

P.O. Box 625

Madison, IN 47250

Tel (812) 265-5858 Fax (812) 265-5850

Housing Choice Voucher Program

Existing Tenant/Owner

Request for Rent Increase

Tenant Name: _____

Unit Address:

Current Rent: _____

Requested Rent: _____

Effective Date: _____

***Rent increases must be requested at least 60 days before the effective date.**

***It is the landlord's responsibility to notify the tenant of a proposed rent increase.**

***If you sign a new lease agreement (recommended), you must provide OVO with a copy.**

***All rent increase requests will be screened for Rent Reasonableness.**

Owner signature: _____ Date: _____