



El Camino Real Housing Authority

Securing Affordable Housing & a Brighter Future for All

REQUEST FOR RENTAL CHANGE

Participating landlords in the Housing Choice Voucher (HCV) program may request a rental change *after the initial year lease term*. In order to be approved, this form must be completed in its entirety with both the landlord and participant's signature. This form must be submitted to the El Camino Real Housing Authority 60 day before the contract renewal date no changes will go into effect if this is not submitted on a timely basis. **Please note that all changes in responsibility to pay utilities or provide appliances will result in a new lease and Housing Assistance Payment Contract. All increases depend on funds available through HUD.**

ECRHA will determine if the requested rent is reasonable by comparing your rent to those of equivalent units in the private market. If the ECRHA determines your proposed rent is not reasonable, the ECRHA must deny your request. **If the rent comparable study results in an amount lower than your current rent, the ECRHA must decrease the rent amount in accordance with HUD regulations.** Please complete this form and scan and submit by email to maryann@socorrohousing.org or fax to (575)835-3461.

TO BE COMPLETED BY THE OWNER/LANDLORD

- Participant Name: _____
Current Address: _____ Apt. # _____
City: _____ State: _____ Zip Code: _____
- Landlord/Payee Name: _____
- Landlord/Payee Phone Number: _____
- Landlord/Payee Email: _____
- Has there been a change in responsibility to pay utilities and/or provide appliances? No Yes
If yes, a new Request for Tenancy Approval form must be submitted with the updated utility or appliance information.
Please note that if there is a change, a new HAP Contract must be executive and a new lease provided to the ECRHA.

Item	Paid by	Specific Fuel Type
Heating	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood/Coal/Pellets
Cooking	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood/Coal/Pellets
Water Heating	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood/Coal/Pellets
Other Electric	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	If there is a change in responsibility for utility/appliance, information must be completed. Otherwise, the ECRHA will not process the rental change request
Water	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	
Sewer	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	
Trash Collection	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	
Other (Specify)	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	
Air Conditioning	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottled Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood/Coal/Pellets
Item	Provided by:	
Refrigerator	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	
Range/Micro	<input type="checkbox"/> Participant <input type="checkbox"/> Owner	

Main Office
301 Otero Avenue, Socorro, NM 87801
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Email: maryann@socorrohousing.org

Valencia Office:
719 S. Main, Belen, NM Physical
Telephone: 575-835-0196 x403 or x 409
Fax: 575-835-3461

Mailing Address for all Counties is:
El Camino Real Housing Authority
P.O. Box 00
Socorro, NM 87801



5. Please indicate the amenities included in the unit:		
<input type="checkbox"/> Central A/C	<input type="checkbox"/> Parking Carport	<input type="checkbox"/> Private Balcony
<input type="checkbox"/> Window A/C	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Private Patio
<input type="checkbox"/> Wall to Wall Carpet	<input type="checkbox"/> Parking Space	<input type="checkbox"/> Fenced Yard
<input type="checkbox"/> Wood Floors	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Ceiling Fans
6. What is the current rent for the unit?		\$ _____ Per Month
7. What is the requested new rent for the unit?		\$ _____ Per Month
8. Are you willing to accept a counter offer?		<input type="checkbox"/> Yes <input type="checkbox"/> No

By executing this request, I certify that the unit is in decent, safe and sanitary condition and the participant is in compliance with the terms and conditions of the lease agreement. I understand that if the results of the rent comparable study indicate a lower rent amount, the rent must be decreased. Please note this request will be denied if the participant does not sign.

Landlord/Owner Signature Date:

Please note that if the above changes(s) results in a rental increase, your rent portion may increase.

Participant Signature Date

FOR ECRHA USE ONLY	
<input type="checkbox"/> Rent Increased	Approved New Rent: \$ _____ Per Month
<input type="checkbox"/> Rent Decreased	New Contract Rent: \$ _____ Per Month
<input type="checkbox"/> Rent Denied	
<input type="checkbox"/> Counter Offer	
Notes: _____	
Approved by: _____	
Signature	Title
Processed by: _____	
Signature	Title