OHCS Elderly Disabled Bond Program – Rent Increase Request Form

Only one request to adjust/increase rents per year (12-month period) will be considered. Further, subject to IRC and other OHCS subsidy limits, OHCS may approve, deny or modify such rent request at its sole discretion. Staff will provide notice indicating the maximum rents determined to be approved per unit type that you will be able to charge existing residents and new move-ins until a future rent increase request is submitted to and approved by OHCS.

NOTE: OHCS approves base rent amounts for the unit types only. We do NOT approve the levels of care.
Please identify the base rents for the unit types before any amounts for levels of care are applied/or included with the rents.

Property Name: _____ Date: _____

Address: _____ County: _____

Number of Set-Aside Units Required at this property: _____

Existing Rents & Fees – Base Rent Only

Date these Existing Rents were implemented: _____

Date these Existing Fee amounts were implemented: _____

List All Unit Types, Current Base Rents & Fees

Unit Type	Current Base Rent for Set-Aside	Current Base Rent Non-Set-Aside		Fee Type	Current Fee Amount

Proposed Rents & Fees– Base Rent Only

Date these Proposed Rents will be implemented: _____

Date these Proposed fee amounts will be implemented: _____

List All Unit Types, Proposed Base Rents & Fees

Unit Type	Proposed Base Rent for Set-Aside	Proposed Base Rent Non-Set-Aside		Fee Type	Proposed Fee Amount

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ADDITIONAL REQUIRED ITEMS: All of the following items must be included with this form: (Check-off each box)

Completed Current EB Monitoring Report	Vacancy Rate: Current and average over the last 12-months
Most recent Budget documents	Written explanation for the vacancy trend over the past 12-months

Reason/Need for Increase: _____

CERTIFICATION: Fill-in Name, Title, Signature and Date

Name: _____ Title: _____ Signature: _____ Date: _____

OHCS STAFF USE ONLY:
This requested rent increase has been: □ APPROVED   □ Other/Comment _____

OHCS Compliance Officer _____   Signature _____   Date _____

Submit Complete Request including Form and required Additional Items to: MFRentrequest@oregon.gov.

GUIDE	
	Property Name – Write in the property's name.
	Date – Write in the date you are completing and submitting the request form.
	Address – Write in the property's address.
	County – Write in the county where the property is located.
	Number of Set-Aside Units Required at the Property – Write in the # of units required to meet the set-aside (i.e. 20% of units must be for residents with incomes at or below 50% AMI)
Existing Rents & Fees (Base Rent Only)	
	Date These Existing Rents were implemented– Write in the date the current rents started.
	Date These Fee amounts were implemented – Write in the date the current fee amounts started (this is not for starting or changing fee types).
	Unit Type –List each unit type = number of Bedrooms i.e. studio, 1-bedroom, 2-bedroom etc. (All types must be listed).
	Current Base Rent for Set-Aside – Write in the current base rent amount for units counted in the Set-Aside. This is the rent amount for the unit itself; before any amounts are added for levels of care.
	Current Base Rent Non-Set-Aside – Write in the current base rent amount for units NOT counted in the Set-Aside (all other units). This is the rent amount for the unit itself; before any amounts are added for levels of care.
	Fee Type – Write in any fees that are charged to the residents. i.e. pet, admin, move-in, screening, etc.
	Current Fee Amount – Write in the current dollar amount of each fee type listed.
Proposed Rents & Rees (Base Rent Only)	
	Date These Proposed Rents will be implemented – Write in the date for these new rents to start-applies to ALL units; not just new move-ins.
	Date These Proposed Fee Amounts will be implements - Write in the date the proposed fee amounts will start (this is not for starting or changing fee types).
	Unit Type – Re-List each unit type = number of Bedroom i.e. studio, 1-bedroom, 2-bedroom etc. (All types must be listed).
	Proposed Base Rent for Set-Aside – Write in the proposed base rent amount for units counted in the Set-Aside. This is the rent amount for the unit itself; before any amounts are added for levels of care.
	Proposed Base Rent Non-Set-Aside - Write in the proposed base rent amount for units NOT counted in the Set-Aside (all other units). This is the rent amount for the unit itself; before any amounts are added for levels of care.
	Fee Type – Write in the same fees identified in the Existing Rents & Fees Section (this is not for starting or changing fee types).
	Proposed Fee Amount – Write in the proposed dollar amount of each fee type listed.
Additional Required Items	

EB Monitoring Report – Complete the EB Monitoring Report listing all the units in the property. Include any units that are vacant with the move-out date of the last resident who resided in the unit. **Be sure to accurately indicate each of the units currently being counted as one of the required Set-Aside units**. Review the EB Monitoring Completion Guide if needed.
Vacancy Rate – Provide details regarding the current vacancy rate of the property and the average rate over the past 12-months
Written Explanation for Vacancy Trend over last 12-months – Explain the status of current and trending vacancies over the past 12-months. Include reasons for vacancies. If vacancy rate is or has been 10% or higher, include description of marketing efforts.
Budget Documents – Provide a copy of the current budget for the property. Does this demonstrate or support your need for a rental rate increase?