



APPLICATION FOR RENT ADJUSTMENT

Tenant Information

Name _____ Date _____

Address _____

Phone Number _____

Account Number _____

Family Information

Family Head: ☐ Male ☐ Female

Age of Family Head _____

Total Number Family Members _____

Race _____

List number of family members into the following categories:

Dependents _____ Elderly _____

Workers _____ Disabled/Handicapped _____

Reason for Adjustment

☐ Changes in Income

Source of income _____

Name and address of employer _____

☐ Changes in Family Composition

Nature of change _____

Name of person _____

Relationship to Head of Family _____

Date of change _____

Remarks: _____

RESOLVED BY MHA STAFF _____ DATE RESOLVED _____

SIGNATURE OF TENANT _____ DATE _____

Rent Computation - HCDA Percentage 30%

TOTAL FAMILY INCOME

Employment \$ _____

Social Security \$ _____

SSI \$ _____

Pensions \$ _____

Public Assistance \$ _____

Other \$ _____

Assets \$ _____

Total Family Income \$ _____

ALLOWANCES

_____ Dependents @ \$480/ea \$ _____

_____ Elderly @ \$400 \$ _____

Medical—elderly \$ _____

Handicap Expense \$ _____

Minus 3% Total Income — \$ _____

Allowance Deductible \$ _____

Total Allowances \$ _____

ADJUSTED INCOME \$ _____

CONTRACT RENT

Adjusted Income \$ _____

X 30% + 12 = \$ _____

Old Rent = \$ _____

New Rent = \$ _____

Effective Date _____

Authorization

COMPUTED BY _____ DATE _____



NOTICE OF RENT ADJUSTMENT

Apartment Number _____ Endorsement Number _____

Account Number _____ Project Number _____

To: _____

The Housing Authority of the City of McKeesport relying upon the representation of the Tenant as to his household composition and household income as well as upon other representations of the Tenant does hereby agree that the monthly gross rent is established at \$_____ per month commencing on _____.

This monthly rent *does not include* any appliance charges. All appliance charges are in addition to rent.

All other terms and conditions of said Lease and Amendments except, as herein modified, shall remain in full force and effect.

Sincerely,

MCKEESPORT HOUSING AUTHORITY

DATE