

Fitchburg Housing Authority

50 Day Street

Fitchburg, MA 01420 (978) 342-5222 Fax (978) 343-4148

Douglas M. Bushman, Esq. - Executive Director

Teamwork - Excellence - Ability For Your Home and Family

Green Acres Village Office 13 Normandy Road Telephone: 978-345-5032 Fax: 978-665-9287

Leased Housing Office 50 Day Street Telephone: 978-342-5222 FAX: 978-345-1269

In order to process the requested rent change for your Section 8 tenant, you need to fill out the information below. Please be advised the request must be received 60 days or more in advance of the proposed effective date per the contract you previously signed with HUD.

LL Name:	LL Phone:		Date:	
LL Address:				
I am requesting a change for Unit :	Street:		City& ZIP:	
This apartment is rented by tenant :			•	
Below or attached is the documentation	explaining the requested change	e(s) regarding the ap	partment. This information	tion will be used to
compare my property to others with simi	lar amenities in the area. I und	erstand this informa	tion is required for Fitc	hburg Housing to
process the request. I have notified the t	enant of the proposed change a	nd had them sign be	elow.	
	Landlord's Signature: _			
*Comparables*This information will comparability for change requested.	be used to compare your unit to	others with similar	amenities in the area to	determine the
Apartment Sq. Ftg: Year bu	ilt: No. of Bedroo	oms: No.	of Bathrooms:	
□ Low Rise (includes mul	es duplex, three-plex and four-p tifamily buildings of 5 or more ldings of five stories or more w	units up to four stor	ries)	
Unit Heat Type: ☐ Natural Gas ☐ Paid by Landlord	□ Bottle Gas □ Oil □ Paid by Ter	□ Electric	□ Coal or Other	
Unit Heat Distribution : □ Central	□ Heat Pump □ Window/v	wall □ Space □ F	Furnace Baseboard	
Unit Cooking: □ Natural Gas □ Paid by Landlord	Bottle Gas □ Oil □ Paid by Tena		□ Coal or Other	
Water Heat: □ Natural Gas □ B □ Paid by Landlord	ottle Gas □ Oil □ Paid by Tena		Coal or Other	
Lights (other Elect): □ Electric □ Paid by Landlo	rd □ Paid by Ten	ant		

City Water: City Sewer:	□ Yes □ Yes	□ No □ No	□ Paid by Landlord□ Paid by Landlord	□ Paid by Tenant □ Paid by Tenant
Maintenance:	Check Box	if Owner P	rovided: □ Lawn	□ Pest control □ Trash
Amenities: Che	eck Box if (Dryer □ Stove □ Dishwasher □ Microwave □ Refrigerator □ Garbage Disposal □ Ceiling Fan □ Gated Community □ Pool
Air Conditioni	ing: Check	Box if Own	er Provided: If yes, □	Window Central
Exterior Featu	ıres—Check	k all applica	able: Porch Balo	cony □ Deck □ Patio
Parking for un	nit: Spaces	Chec	k all applicable: □ St	reet □ Driveway □ Covered □ Car Port □ Garage Assigned
Lot Size for ap	oartment:	□ < ½ Acr	e 🗆 ½ to ½ Acre	\Box 3/4 to 1 Acre \Box > 1 Acre
Current Rent :	\$		Requested New I	Rent: \$
Justification:(a	add addition	al page if ne	ccessary)	
□ I agree to the	new monthl	ly rent amou	int of \$	beginning
□ I do not agree	e to the new	monthly ren	nt of \$	·
		Tei	nant Signature:	