



## Rent Increase Request Form

In order to process your request in a timely manner, please allow us at least **45 days notice** for a rent increase. We will contact you to discuss the approval/denial of the request. Please be advised that per Ohio Landlord/Tenant Law, a rent increase request can only be made upon the tenant being in the unit for at least 12 months. Also, a request can only be made once every 12 months.

Today's Date: \_\_\_\_\_ Effective Date of Increase: \_\_\_\_\_  
*(must fall on 1<sup>st</sup> of month and be at least 45 days from today's date)*

Current Rent Amount: \_\_\_\_\_ New Asking Rent: \_\_\_\_\_

Amount of Rent Increase: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Address of Unit: \_\_\_\_\_  
\_\_\_\_\_

Name of EDEN Program for which the tenant is a participant (i.e., Shelter Plus Care, Housing Assistance Program, etc.): \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

*(EDEN, Inc. use only)*

Housing Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request: Approved or Denied (circle one)      If Approved (amount): \_\_\_\_\_

If Denied (reason): \_\_\_\_\_

HOUSING RESOURCE & DEVELOPMENT AGENCY  
7812 Madison Avenue, Cleveland, OH 44102 | (216)961-9690 | FAX (216)651-4066  
Shelter Plus Care FAX (216) 651-6692 | www.edeninc.org | edeninfo@edencl.org  
TDD/TTY: 1-800-545-1833, ext. 873



A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County