

# 2022 Housing Choice Voucher Landlord Workshop

**Scheduling Appointment Requests**

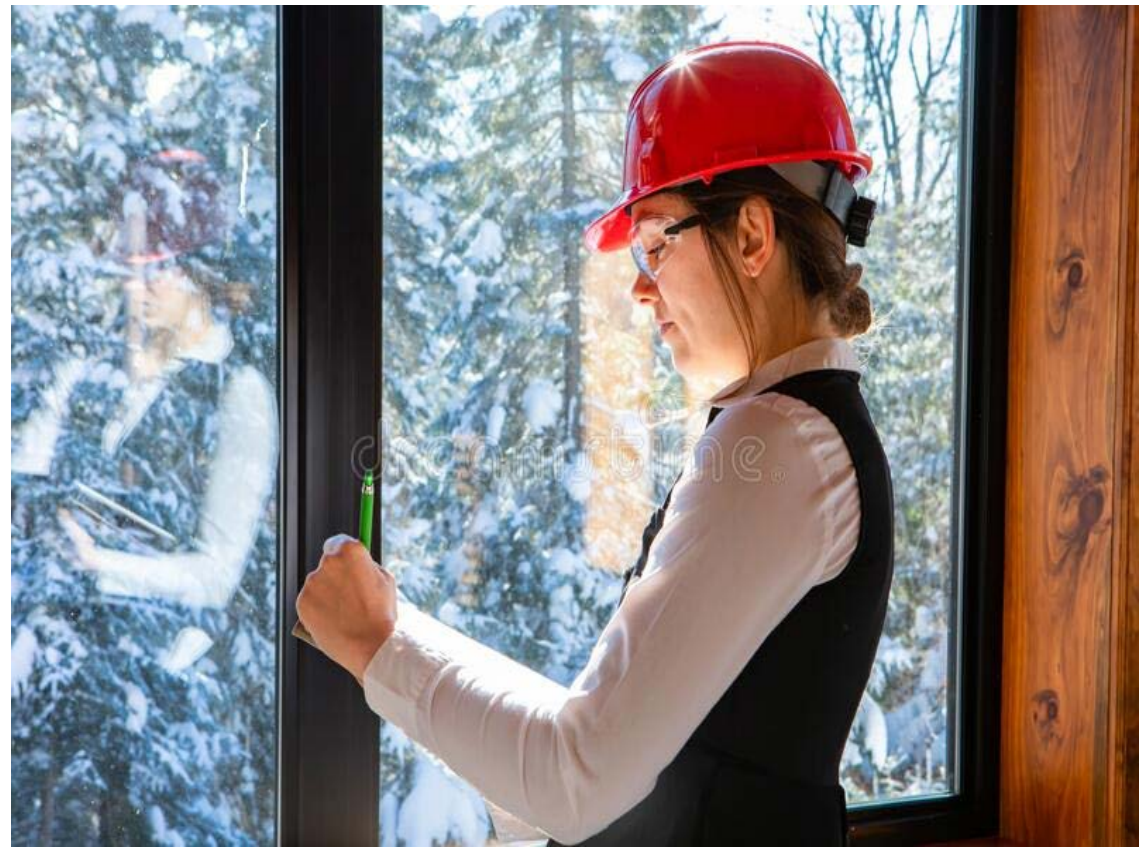
**Rent Increase Requests**

**Kenneth Love**





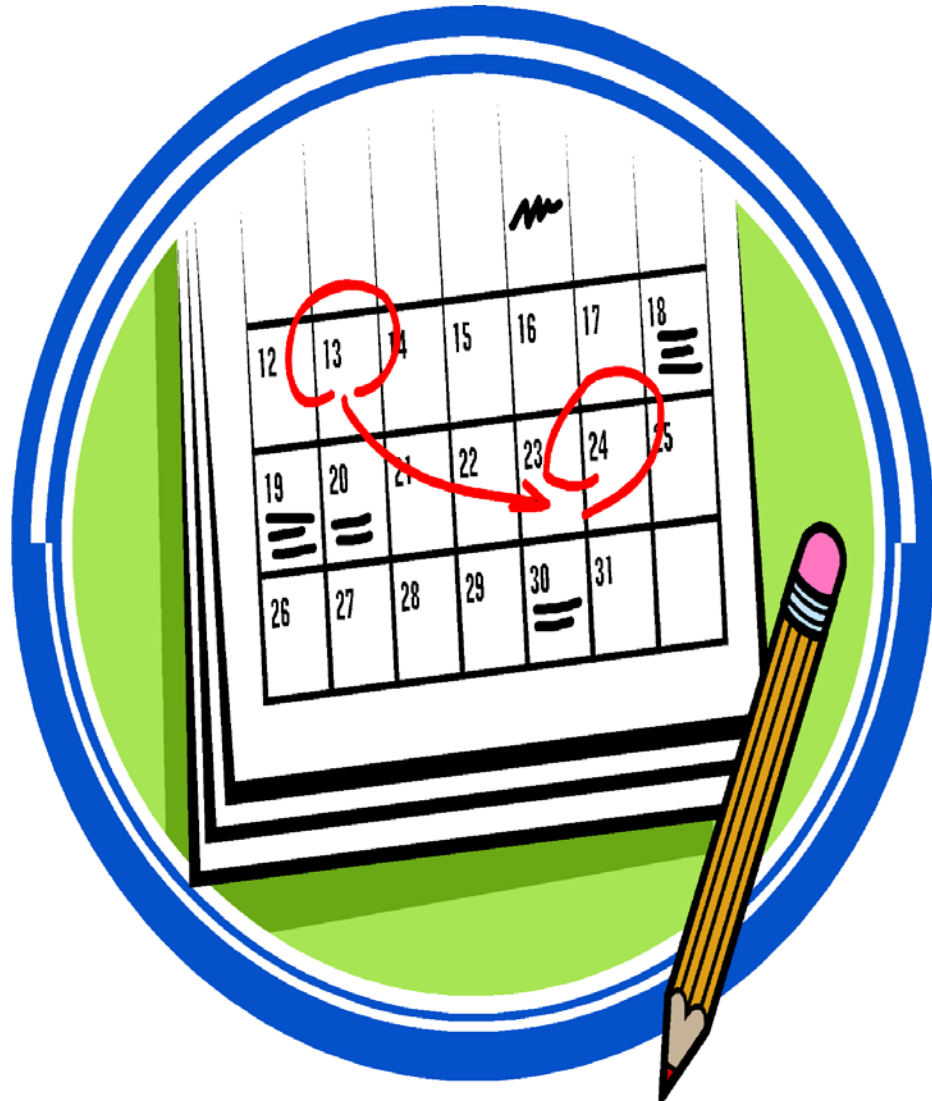
Oklahoma Housing Finance Agency  
2022 Landlord Workshop  
Scheduling Appointment Request Forms  
and  
Rent Increase Request Forms



## Scheduling Appointment Requests



# Scheduling Appointment Request Forms



# Scheduling Appointment Request Form Errors

- Incomplete/Missing Resident Contact information
- Incorrect/Missing Landlord Information For The New Unit
- Incomplete Unit Address (avenue, street, road, circle, place) \*\*Must be United States Postal Service (USPS) Designation
- Apartment/Unit Numbers Omitted
- Hours the Unit Is Available For Inspection
- Date The Unit is Available for Inspection Is Omitted

# Scheduling Appointment Request Form Errors

- The unit is not vacant when inspection is requested
- The year the unit was built is omitted
- The unit square footage is omitted
- The number of bedrooms is inaccurate
- The number of bathrooms is inaccurate
- Type of parking is omitted
- Responsibility of appliances is omitted

# Scheduling Appointment Request Form Pg 1



OKLAHOMA HOUSING FINANCE AGENCY  
100 N.W. 63, Suite 200  
Oklahoma City, OK 73116  
P.O. Box 20720  
Oklahoma City, OK 73120-0720  
Phone: (405) 842-2474  
Toll Free: (800) 254-5899  
TDD: (405) 848-7471  
www.ohfa.org

OHFA complies with the Americans with Disabilities Act (ADA) and other fair housing requirements. If you are a person with a disability and require a reasonable accommodation, please notify OHFA. OHFA will make reasonable efforts to provide the accommodation. Program policies may be reviewed at [www.ohfa.org](http://www.ohfa.org) or by appointment at the location shown to the left.



## SCHEDULING APPOINTMENT REQUEST FORM

Tenant Information:

October 4, 2022

Name: HCV Test File Test File

Voucher effective: September 2, 2022

**If your mailing address changes prior to contract signing, you must submit the address change in writing. ALL INFORMATION MUST BE COMPLETE AND ACCURATE. Complete this form by filling in the blanks or circling the correct answers Any misrepresentation can lead to termination of your housing assistance. YOU WILL RECEIVE YOUR INSPECTION LETTER 3 TO 4 WEEKS FROM THE DATE THAT WE RECEIVE AND APPROVE THIS REQUEST.**

What is your current mailing address?

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ (MUST HAVE A MESSAGE NUMBER)

Is anyone in the household related to the owner, manager or landlord for the unit you are requesting to be inspected? YES - NO If yes, what is the relationship? \_\_\_\_\_

How many household members will be living in the new unit? \_\_\_\_\_

HAS YOUR INCOME OR FAMILY SIZE CHANGED SINCE YOUR INTERVIEW? YES - NO If yes, explain: \_\_\_\_\_

Are you currently receiving rental assistance from public housing or project-based Section 8? Yes - No Please be aware that the new contract and lease effective date will have to be after keys are turned in.

Do you have to give your current landlord a notice that you are moving? Yes - No

Complete this form with the NEW LANDLORD to ensure that all information is accurate. MISTAKES can cause scheduling delays. **Landlord Information: (For new unit)**

Name, Address & Phone # for Landlord: (Please list apartment complex name and hours of operation, if applicable)

Name: \_\_\_\_\_ Office hours: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Do you ( the owner/landlord) have other housing units on OHFA's program? YES - NO



# Scheduling Appointment Request Form Pg 2

**Unit Information:** HCV Test File Test File October 4, 2022

**Address of Unit to be Inspected:**

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_

**\*\*\*If address is RR# or hard to locate, please write directions on bottom of page\*\*\***

When is unit available for inspection? \_\_\_\_\_ Is this a Group Home? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this Congregate Housing? Yes \_\_\_\_\_ No \_\_\_\_\_ Is household in shared housing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this a tax credit unit? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, is the tax credit complex 100% assisted with Section 8 assistance? Yes \_\_\_\_\_ No \_\_\_\_\_**

**\*\*\*\*\*Please circle all that apply:\*\*\*\*\***

**Is the unit a:** House - Mobile Home - Mobile Home & Lot - Duplex - 1 level Triplex - Stacked  
Triplex - 1 level 4 Plex - Stacked 4 Plex - Townhouse - Condo - Apartment

**Year Built?** \_\_\_\_\_ **Square Footage?** \_\_\_\_\_ **How much is the rent?** \_\_\_\_\_

**Security Deposit?** \_\_\_\_\_ **If separate Lot Rent for mobile home?** \_\_\_\_\_

**How many bedrooms?** 0 - 1 - 2 - 3 - 4 - 5 - 6 **How many bathrooms?** 1 - 1.5 - 2 - 2.5 - 3

**What type of Parking:** 1 Space - 2 Spaces - 1 Car Carport - 2 Car Carport - 1 Car Garage - 2  
Car Garage - Street - Open - Covered

**Extras:** 55+ (Age restricted) - Fenced Yard - Gated Community - Handicap Access - Ceiling Fans -  
Security System - Equipped Hearing Impaired - Equipped Sight Impaired - Pool - Pest Control - Lawn Care  
- On Site Laundry

**Appliances Included:** Washer - Dryer - Microwave - Garbage Disposal - Stove - Range/Oven -  
Dishwasher - Refrigerator - Washer/Dryer Hookups

**Utilities: (Must circle applicable items and who pays: T = Tenant or O = Owner)**

**Air Conditioning:** Central - Window/Wall Unit - None **Paid by: T - O**

**Who pays the electric?** **Paid by: T - O**

**Heating:** Central - Window/Wall Unit - Space Heater - Base Board - Furnace - Heat Pump  
**Fueled by:** Gas - Electric - Propane **Paid by: T - O**

**Hot Water Fueled by:** Gas - Electric - Propane **Paid by: T - O**

**Cooking Fueled by:** Gas - Electric - Propane **Paid by: T - O**

**Sewer:** Septic Tank - City Sewer **Paid by: T - O**

**Water:** Well - City - **Paid by: T - O** **Trash:** Burn - City - **Paid by: T - O**

**\*\*\*\*\*FINAL RENT DETERMINATION IS UP TO THE AGENT\*\*\*\*\***

Please contact 1-800-256-1489 Ext 167, Local 405-419-8167 or Fax 405-419-9167 for assistance. Revised 1-2-2019





# Rent Increase Requests



# Rent Increase Requests

## Reminders

- OHFA does not require landlords to renew a lease to request a rent increase.
- OHFA will not process rent increases if the most recent inspection conducted is in fail status.
- Discontinue using old Rent Increase Request Forms (the new forms can be found on [www.ohfa.org/housingchoicevoucher](http://www.ohfa.org/housingchoicevoucher)).
- The requested proposed effective date must start on the 1<sup>st</sup> of the month.
- The form must be filled out completely.

# Rent Increase Request Forms

## Reminders (continued)

- Cannot be submitted during the first year of the lease or during a lease renewal period.
- Can be submitted annually (as long as the unit continues to be rent reasonable).
- Must be submitted no later than 60 days from the requested effective date of the increase.
- Cannot be submitted more than 120 days from the requested effective date.

# Rent Increase Requests

## Reminders (continued)

- Current leases should be checked to ensure that the information in the lease matches up with information submitted on the form.
- Requests cannot be submitted during the first year of the lease or during a lease renewal period.
- The request must not be submitted less than 60 days from the requested effective date of the increase.
- The request cannot be submitted more than 120 days from the requested effective date.

# Rent Increase Request Forms

## Reminders (continued)

- Cannot be submitted during the first year of the lease or during a lease renewal period.
- Can be submitted annually (as long as the unit continues to be rent reasonable).
- Must be submitted no later than 60 days from the requested effective date of the increase.
- Cannot be submitted more than 120 days from the requested effective date.



# Rent Increase Requests

## Clarifications

- Onsite Laundry-Applies to multi-family housing that supplies a laundry facility for resident use.
- Washer/dryer hook-ups refer to in unit fixtures for private resident washer and dryers (whether supplied by the landlord or resident).
- Pest control means that the landlord is responsible for pest control regardless of when the need for such services arise. \*\* Units with shared walls are cited as landlord responsibility by OHFA Field Agents.
- Fenced yard only applies to a house or duplex.
- Cable is only indicated if the landlord is paying for the cable service.
- Balcony is located on upper level located on the exterior with access from an upper floor door or window.

# Rent Increase Request Form

## OKLAHOMA HOUSING FINANCE AGENCY Rent Increase Request Form - One Address Per Request Form Only

I, \_\_\_\_\_, request a rent increase for my rental unit  
**PRINT** Name of Landlord, Complex or Management Co.

located at \_\_\_\_\_  
Unit Address Apt # City Zip Code

Occupied by \_\_\_\_\_  
Tenant's Full Legal Name

Current rent: \$ \_\_\_\_\_ New rent: \$ \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Please state the reason for the rent increase: \_\_\_\_\_

**Has the Responsibility of the Utilities and/or Appliances Changed since contract signing? YES or NO**  
If yes, do not complete this form. It will be a change of contract. Please send a detailed written notice to OHFA.

- OHFA **will not** approve a rent increase where the requested effective date is during the initial term of the contract or during the term of a renewal lease. (If the landlord offers the tenant a new lease and the tenant accepts, the landlord must send OHFA a copy of the new signed lease).
- OHFA **must** receive the rent increase at least 60 days, or no more than 120 days in advance of the proposed effective date. *To prevent delays, please submit your request within 90-120 days of your proposed effective dates to allow for timely processing.*
- OHFA **will not** approve a rent increase unless failed items identified by the most recent HQS have been corrected.

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

### Unit Information (ALL INFORMATION MUST BE COMPLETED - Circle all that applies)

Type of Unit: House / Apartment / Mobile Home / Duplex / Townhouse / Condo / Triplex / 4 Plex / 5 Plex  
Flat or Stacked

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Bedrooms: 0 1 2 3 4 5 6 Number of Bathrooms 1 1.5 2 2.5 3

Parking Provided: 1 Car Garage 2 Car Garage 1 Carport 2 Carport Driveway Unassigned Open Street None

Appliances Provided by OWNER: Garbage Disposal Stove Dishwasher Microwave Refrigerator  
Washer Dryer Washer Dryer Hookups

Utilities Paid by Owner: Gas Electric Propane Water Sewer Trash Well Septic

Utilities Paid by Tenant: Gas Electric Propane Water Sewer Trash Well Septic

Air Conditioning: Central Window/Wall Unit None

Type of Heating: Central Window/Wall Unit Space Heater Baseboard Floor Furnace Heat Pump

Other: Onsite Laundry Lawn Care Pest Control Ceiling Fans Fenced Yard Gated Community Pool Cable Security System Balcony Equipped for: Hearing Impaired Sight Impaired Handicap Access 55+ (Age Restricted)

Missing, inaccurate, or incomplete information may cause processing delays. Ensure data is accurate and complete.

Please mail completed form to: Oklahoma Housing Finance Agency - Rent Increase Request

P.O. Box 26720 Oklahoma City, OK 73126-0720

# Rent Increase Processing

- Please do not send multiple requests, if you want to see if it has been received call and ask.
- To be acquired into the system for accurate and timely processing rent Increase request forms should be mailed to the address indicated on the bottom of the form.
- If faxing the forms, they must be faxed individually.

# Thank You!!

## Contact Information

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Rental Programs

Field Operations Manager

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(405) 419-9268 (Fax)