

Lake County Community Development HOME Program Rent Approval Form

Pursuant to federal regulation 24 CFR 92.252(f)(2), the Lake County HOME Consortium is required to annually review the monthly rent amount of each HOME Program unit for compliance with HOME Program regulations, and either approve or disapprove the amount. As part of this review, Lake County reviews requested rent changes to ensure they are reasonable in relation to the HOME Program rent limits, underwriting performed on the project at the time of commitment, and the income targeting requirement of the project.

Project owners must provide Lake County with at least forty-five (45) days to review this request. Additionally, project owners must provide tenants with at least thirty (30) days' notice of any rent amount change. **This form must be submitted with enough time to allow for the required review and notice periods. Failure to submit this form on time may result in a denial of the request.**

Property Description:

HOME Project Number: _____ Total Units: _____ HOME Units: _____

Project Developer/Owner: _____

Project Address: _____

Contact Phone and Email: _____

Type of Development (please check one): Single-Family Detached Home Semi-Detached/Duplex
 Townhouse Multifamily Transitional/Group Home

Proposed Effective Date of Rental Increase/Decrease: _____

Additional Funding Sources for Project (please check one):

LIHTC Project Based Voucher IHDA HOME

Rent Information:

# of Units	# of Bdrms	Sq. Ft.	Income Restriction (AMI %)	High HOME, Low HOME, or FMR	Current Monthly Rent (without utility allowance)	Current Utility Allowance	Proposed Monthly Rent (without utility allowance)	Proposed Utility Allowance	Total tenant housing cost (including utilities)

**Multiple forms may be completed if the above table does not provide enough room for your project.*

Utility Information:

Is there a change in utility responsibilities? Yes ____ No ____

The owner shall provide or pay for the utilities indicated below by an "O." The tenant shall provide or pay for the utilities indicated below by a "T." **If tenant is responsible for any utilities, a utility allowance breakdown must be submitted with this form.**

Item	Please Specify		Paid By
Heating	Natural Gas	Electric	
Cooking	Natural Gas	Electric	
Water Heating	Natural Gas	Electric	
Other Electric			
Water/Sewer			
Trash			
Other			
Other			

I, _____, certify the following:

- ✓ The information that I have provided for Lake County's consideration is true and correct to the best of my knowledge;
- ✓ I understand that I may not charge rent for a HOME Program unit that is in excess of the rent limits proscribed by HUD;
- ✓ I understand that if the proposed rent is approved, I must provide tenant(s) with a minimum thirty (30) days' notice of the change in rent; and
- ✓ I understand that I may not charge the tenant for a rent amount not approved by Lake County.

Signature

Date

Title

FOR COUNTY USE ONLY:

Approved by: _____

Date: _____