

Newburyport Housing Authority
25 Temple St.
Newburyport, Ma. 01950
978.465.7216

REQUEST FOR RENT ADJUSTMENT

Name: _____

Date: _____

Address: _____

I hereby request an adjustment in the amount of rent charged monthly for the dwelling unit identified above and submit as justification for my request the following information.

REASON FOR REQUEST FOR RENT ADJUSTMENT:

I understand that this adjustment, when granted, will change the monthly rent stipulated by the dwelling lease and that the rent as fixed in this Request for Rent Adjustment shall remain in effect until the next annual redetermination, except that:

1. When gross or net income decreases, rent shall be redetermined if requested by tenant.
2. When tenant's gross or net income increases, the rent shall be redetermined accordingly.

If tenant fails to report an increase in income as in accordance with his/her lease agreement and such increase is later discovered, rent shall be increased retroactively to the second month following the increase in income.

This Request for Rent Adjustment shall be an amendment and attached to and become part of the dwelling lease.

Signature: _____

Date: _____

