



Housing Choice Voucher Program
200 Ross Street, 7th Floor
Pittsburgh, PA 15219
412-456-5090, fax: 412-456-5224
TTY 412-201-5384
www.hacp.org

Instruction Sheet

Request for Contract Re-Write

Please fill out the Request for Contract Re-Write form completely and make sure *all required documents are attached*.

The instructions below explain how to complete each section of the Request for Contract Re-Write.

Participant and Owner Information

- ✓ Provide Participant Name and HAP Contract Anniversary Date.
 - **Note: May differ from lease start date**
- ✓ Provide complete address of rental unit, including any relevant apartment number.
- ✓ Provide Owner/Company, phone number, mailing address and email as are applicable.

Property Information

- ✓ Provide an updated property description, including the number of bedrooms and bathrooms in the unit.
- ✓ Indicate rent information, including requested new rent.
- ✓ Please indicate the proper category the structure falls under.
- ✓ Check what most accurately describes the condition of the unit at this time.

Utility Information

- ✓ For each item, indicate whether the tenant (“T”) or owner (“O”) will provide and/or pay for that item.
 - **ALL blocks must be filled in.**
- ✓ Specify fuel type for: heating, cooking and water heating by placing an **X** in the appropriate box.

Reasonable Accommodation Information

- ✓ Please check all applicable spaces.

Acknowledgement and Signatures

- ✓ Both the Participant and Owner must provide acknowledgement to their respective clauses in the form of his or her **signature** and the current **date**.

Attachments

- ✓ Please remember to attach the relevant property and school tax information as well as information to confirm the utilities are current (i.e. a billing statement, etc.).



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Request for Contract Re-Write
Utility Responsibility Re-Assignment

Submit this completed form and supporting documents explaining the reason(s) for the request either by e-mail to hcvlandlordsupport@hacp.org or fax to 412-456-5224.

Participant Name		HAP Contract Anniversary Date (MM/YYYY)	
Unit Address	Apt#	Complex Name, if applicable	
Pittsburgh	Pennsylvania		
City	State	Zip Code + 4	
Owner or Company Name		Owner/Company Phone Number	
Mailing Address	City	State	Zip Code + 4
E-mail Address		Agent Name, if applicable	

Property Description and Rent Information:

of Bedrooms: ____ # of Bathrooms: ____ Current Rent: _____ Requested Rent: _____

Structure Type:

____ Single Family Detached Home ____ Low-Rise ____ Semi-Detached/Duplex
 ____ High-Rise w/ Elevator ____ Row house/Townhouse ____ Manufactured Home

Quality of Unit (Check one of the following) ____ New Construction ____ Well Maintained ____ Adequate ____ May Need Repair

Utility Information (check the appropriate boxes):

Does the information below indicate a change in the utility responsibilities? ____ Yes ____ No

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Refrigerator			
Range / Microwave			



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Section 504/American with Disabilities Act Accessibility Features

___ Wheelchair Accessible Unit That Meets All the Requirements of ___ ADA or ___ UFAS

Entry/Door Features:

___ Accessible Parking Nearby ___ Flat/No-Step Entry ___ Ramped Entry ___ Unit All on One Level

___ All Doorways & Hallways 32"-36" ___ Automatic Entry Door ___ Accessible Elevators ___ Unit on First Floor

___ Lever-Style Door Handles

Kitchen Features:

___ 34" Counter(s) ___ Minimum 27" Knee Space under Counter ___ Minimum 27" Knee Space under Kitchen Sink

___ Front Counter Level Controls on Stove ___ Lowered Wall Cabinets to 48" ___ 60" Turning Circle in Kitchen

Bathroom Features:

___ Low Vanity with minimum 27" Knee Space under Vanity ___ Grab Bars at Tub/ Shower ___ Grab Bars at Toilet

___ Reinforced for Grab Bars ___ Walk-in/Roll-in Shower ___ Raised Toilet ___ 'T' Turn or 60" Turning Circle in Bathroom

Miscellaneous Features:

___ Within Para transit Route ___ Accessible Laundry ___ Accessible Flooring ___ Braille Markings

Participant Acknowledgement and Signature:

I have reviewed this form and acknowledge (1) the Owner's request for a rent increase and (2) that the utility information above correctly describes who is responsible for paying each utility and providing the stove and refrigerator. By signing below I understand this request may result in an increase in my portion of the rent and/or the lowering of my utility allowance check if I currently receive one. I also understand I may exercise my right to relocate with my voucher if I cannot afford my new portion.

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Participant Signature

Date

Owner/Owner Representative Acknowledgement and Signature:

I certify that the information provided on this form is complete and accurate to the best of my knowledge and the rent requested is not greater than the rent for any other unassisted unit in the building, if applicable. I understand the request may result in an increase in the tenant's portion of the rent and the tenant may exercise their right to move. By submitting this rent increase request, I understand that HACP must thoroughly evaluate my request including comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the subject unit. This could result in one of three outcomes: (1) a denial of the request to change the rent amount (2) a decrease in the current rent amount or (3) an approval of my request to increase the rent amount. I also understand the rent for this unit may be reduced or re-determined at any time if the HACP finds the rent charged by the Owner exceeds rents charged for other comparable unassisted units.

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Owner/Owner Representative Signature

Date