

## Instruction Sheet

### Request for RFTA Addendum

Please fill out the Request for RFTA Addendum form completely and make sure *all required documents are attached*.

The instructions below explain how to complete each section of the Request for RFTA Addendum.

#### 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 unit 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 information to confirm the utilities are current (i.e. a billing statement, etc.).

**Request for RFTA Addendum**  
**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](mailto:hcvlandlordsupport@hacp.org) or fax to 412-456-5224.

Participant Name		HAP Contract Anniversary Date (MM/YYYY)	
Unit Address	Apt#	Complex Name, if applicable	
<b>Pittsburgh</b>	<b>Pennsylvania</b>		
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: \_\_\_\_\_

**Unit 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	Specific fuel type	Paid by
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump or Other	
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump 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"/> Heat Pump or Other	
Other Electric		
Water		
Sewer		
Refrigerator		
Range / Microwave		
Air Conditioning		



**Section 504/American with Disabilities Act Accessibility Features:**

\_\_\_ Wheelchair Accessible Unit That Meets All of 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/or (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.

[Signature line]

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 (1) the rent requested is not greater than the rent for any other unassisted unit in the building, if applicable, and/or (2) that the utility information above correctly describes who is responsible for paying each utility and providing the stove and refrigerator. 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.

[Signature line]

Owner/Owner Representative Signature

Date