



TDD/TTY 1-800-545-1833, EXTENSION 824  
[www.mobilehousing.org](http://www.mobilehousing.org)

## REQUEST TO STAY

***Landlords: Please remember to receive a rent increase at the effective date of renewal, you must have this form signed by your tenant and it must be returned to our office on or before the recertification. The inspection rating of your unit must also validate the increased rent. The housing choice voucher program assumes no responsibility to get the tenant to sign and agree to rent increases.***

### Owner/Landlord:

1. ( ) NO RENT INCREASE REQUESTED.
2. ( ) RENT INCREASE REQUESTED

***Rent for all units are subject to a rent reasonable test before approval/denial of rent requested.***

Property Address: \_\_\_\_\_

Current Rent Amount: \$ \_\_\_\_\_ Requested Rent Amount: \$ \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    MM      DD      YYYY

***Increased rents will be effective 60 days after date requested. No new lease is required.***  
If the landlord and the family sign a new lease, then MHA must be provided a copy to prepare a new contract. This is required.

***Note: a new lease is not required to obtain a rent increase.***

### ***Attention Participant:***

The increased rent will/may affect your portion.  
Consider this your advanced notice your share will/may increase.

Street Address:

110 Beauregard St. Ste 106  
Mobile, Alabama 36602

Mailing Address:

Post Office Box 1345  
Mobile Alabama 36633-1345

Telephone: (251) 434-2364  
EFax: (251) 434-0004

**MHA**  
**Mobile Housing Authority**  
Accommodate | Illuminate | Elevate  
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www.mobilehousing.org

***By my signature below, I certify that the rent requested is a reasonable rent and does not exceed amounts charged on the open market. The rent requested results from increases in costs of operation and management. I understand that I must advise the housing authority if there has been a change in the utilities and services I furnish as part of the rent. It is my responsibility to ensure the inspection is scheduled and the unit passes inspection.***

\_\_\_\_\_  
***Owner/Agent's Name (Please Print)***

\_\_\_\_\_  
***Participant's Name (Please Print)***

\_\_\_\_\_  
***Owner/Agent's Signature***

\_\_\_\_\_  
***Participant's Signature***

\_\_\_\_\_  
***Owner/Agent's Address***

\_\_\_\_\_  
***Participant's Address***

\_\_\_\_\_  
***Owner/Agent's Phone Number***

\_\_\_\_\_  
***Participant's Phone Number***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Date***

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