

Newburyport Housing Authority

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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 (must attach confirming documents):

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 re-determined if requested by tenant.
2. When tenant's gross or net income increases, the rent shall be re-determined 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.

Carefully check the reverse side for accuracy and make sure all changes have been included. _____→

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



DOCUMENTATION TO BE RETURNED WITH FORMS

All documentation applicable to your household MUST be included with packet
THE FOLLOWING APPLIES TO ALL HOUSEHOLD MEMBERS OVER 18 WHEN APPLICABLE

- ☐ **Wages: Ten** (10) most recent, consecutive pay stubs for all household members **18** years or older or proof of **income of any kind**.
- ☐ **Social Security & SSI:** Copy of the **most recent award letter** for all household members receiving benefits. Award letters must contain the **CURRENT GROSS** amount received and all deduction amounts. If you do not have a recent award letter contact Social Security by calling 1-866-964-4324 or log on to www.ssa.gov and follow the prompts to set up an account and print a statement on line.
- ☐ **Massachusetts SSP (State SSI):** Provide the most recent award letter from the State of Massachusetts. Massachusetts DTA offices can provide this along with SNAP and TAFDC amounts received monthly.
- ☐ **Pension:** Most recent award letter and/or statement showing **GROSS AMOUNT** received and all deductions.
- ☐ **Alimony/Child Support:** Copy of **court order** and **“Official 24-month Payment History”** from Massachusetts Department of Revenue.
- ☐ **Veteran’s benefits:** Most recent stub or award letter showing gross amount received.
- ☐ **Income from property:** Copy of most recent tax forms
- ☐ **Unemployment and other compensation:** Copy of most recent award letter or statement.
- ☐ **Self-employment:** Copy of most recent tax forms.
- ☐ **Gambling winnings:** Statement showing gross amount won during the previous 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of knowledge. I understand that providing false representations herein constitutes an act of fraud and could lead to eviction from housing.

Signature: _____

Date: _____