



Emerald Development & Economic Network, Inc.
Irene Collins, Executive Director



Rent Increase Request Form

In order to process your request in a timely manner, please allow us at least **45 days notice** for a rent increase. Please be advised that per Ohio Landlord/Tenant Law, a rent increase request can only be made upon the tenant being in the unit for at least 12 months. Also, a request can only be made once every 12 months.

Today's Date: _____ Effective Date of Increase: _____
(must fall on 1st of month and be at least 45 days from today's date)

Current Rent Amount: _____ New Asking Rent: _____

Amount of Rent Increase: _____

Tenant's Name: _____

Address of Unit: _____

Name of EDEN Program for which the tenant is a participant (please check **ONE BOX ONLY**):

- Shelter Plus Care (SPC)
- Shelter Plus Care/Sponsor-based Rental Assistance (SRA)
- Supportive Housing Program/MHS, Inc. (SHP/MHS)
- Supportive Housing Program/Recovery Resources (SHP/RR)
- Supportive Housing Program/Task Force (SHP/TASK)
- Tenant Based Rental Assistance/Task (H-TBRA)
- Housing Assistance Program (HAP)
- Returning Home Ohio (RHO)
- Home for Good (H4G)
- Mainstream Housing Choice Voucher Program
- Other (please specify): _____

Landlord Name: _____

Landlord Address: _____

Phone: _____ e-mail: _____

HOUSING RESOURCE & DEVELOPMENT AGENCY
7812 Madison Avenue, Cleveland, OH 44102 (216)961-9690 FAX (216)651-4066
Shelter Plus Care FAX (216) 651-6692 www.edeninc.org info@edeninc.org
TDD/TTY: 1-800-545-1833, ext. 873



A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County

