

**HRA HOME Tenant Based Rental Assistance (TBRA)
Request for Lease Renewal**

Directions: Please complete this form and include a proposed renewal lease with HUD-required HRA HOME TBRA Lease Addendum (form enclosed) for review and approval by HRA along with any other applicable documentation supporting your request. Incomplete requests will be rejected.

Please return your request by mail to: HRA Rental Assistance Programs, 109 E. 16th Street, 7th Floor, New York, NY 10003.

Email: RAPRenewals@hra.nyc.gov

Questions regarding this form? Call (929) 221-0043.

According to the HRA HOME TBRA federal requirements (24 CFR § 92.209), HRA cannot continue to make HRA HOME TBRA Rental Assistance Payments on behalf of the below named tenant without an active lease.

Please Note:

- A proposed renewal lease must be returned to HRA at least 60 days in advance of the lease expiration date to avoid a break in HRA HOME TBRA Rental Assistance payments.
- The assisted unit must pass an annual HQS inspection. HRA will notify the tenant and landlord of the scheduled inspection date.
- Any change in the tenant’s share of the rent will be reflected in a new Rental Assistance Contract (RAC), which HRA will prepare after reviewing and approving the proposed renewal lease submitted with this Request, and an updated HRA HOME TBRA Recertification Rent Breakdown.
- You may not refuse to renew the lease of an HRA HOME TBRA-assisted tenant, except for serious or repeated violation of the terms and conditions of the lease; violation of law; or other good cause, which does not include an increase in the tenant’s income or refusal of the tenant to purchase the housing. To refuse to renew tenancy, you must serve written notice upon the tenant specifying the grounds for the action at least 30 days before termination of tenancy.
- If you are not renewing the lease for the tenant, they will be required to move. Any time period that the tenant remains in occupancy after the expiration of the lease will not be subsidized by HRA, even if the tenant is in the process of moving.

Assisted Tenant:
Assisted Unit Address:
Lease Expiration Date:

Lease Renewal Options

Please use this form to indicate your selection:

- I have offered the above tenant a lease renewal at the current rent.
- I have offered the above tenant a lease renewal at the proposed rent of \$ _____ per month.
- I will not be offering the above tenant a renewal lease because: _____

_____ Include a copy of any notice to the tenant of refusal to renew tenancy.

Any proposed rent increases must be determined to be reasonable according to federal regulations before they are approved. The rent charged for an assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. If you are not requesting approval of a rent increase, skip Parts II and III below:

Part I: Lease Renewal Request Information

LANDLORD/ AGENT INFORMATION	TENANT INFORMATION
1. OWNER _____ MANAGING AGENT _____ ADDRESS _____ _____ PHONE NO. () _____-_____ EMAIL _____ ADDRESS: _____	2. TENANT _____ ADDRESS _____ _____ APT.# _____ PHONE NO. () _____-_____

PART II: RENT INCREASE INFORMATION

3. CURRENT RENT CHARGED TO FAMILY \$ _____ 4. AMOUNT RENT INCREASE REQUESTED \$ _____

5. NEW RENT REQUESTED RENT (3 + 4) \$ _____ 6. EFFECTIVE (month/ day/ year) _____/_____/_____

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HRA HOME TBRA LEASE RENEWAL REQUEST FORM CONTINUED (page 2)

7. TYPE OF UNIT (please check all that apply)

Rent Stabilized J-51 LIHTC

Co-op 421-a Section 236

Mitchell Lama HOME loan Other: _____

8. REASON FOR INCREASE (please check)

NOTE: You must attach all required documents to substantiate your request.

LEASE RENEWAL: TERM OF LEASE from _____ to _____ ARTICLE 8A ADJUSTMENT HPD RENT RESTRUCTURING

MAJOR CAPITAL IMPROVEMENT (MCI) FUEL COST ADJUSTMENT SECTION 236 RENT ORDER

INDIVIDUAL APARTMENT IMPROVEMENT MAINTENANCE INCREASE (CO-OP ONLY) MITCHELL LAMA RENT ORDER

OTHER _____

PART III: Rent Reasonableness: Unit & Comparable Unit Information

DIRECTIONS: Please enter the requested information for the assisted unit below. If you would like to submit additional information on three unassisted comparable units that support your requested rent, please complete the optional columns.

Unit Information	REQUIRED Assisted Unit	Unit #1 (optional)	Unit#2 (optional)	Unit #3 (optional)
Unit Address/ Apt. # (specific address required)				
Square feet				
No. of bedrooms				
No. of bathrooms				
Unit Condition 1. Very good = New or full renovation (must include kitchen & bath) in the past 5 years 2. Good = Well maintained or Partial renovation (upgrades to 1+ room(s) in the past 5 years 3. Average = No work in the past 5 years	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know
Utilities included in rent and the Source For example: heat/oil, hot water/oil, cooking/gas				
Balcony (Y/N)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Amenities	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super
Other amenities, if any				
Monthly rent	\$ _____	\$ _____	\$ _____	\$ _____

PART IV: LANDLORD CERTIFICATION AND ACKNOWLEDGEMENT

I, _____, LANDLORD/MANAGING AGENT,

- certify that the information that I have provided for HRA’s consideration is true and correct to the best of my knowledge.
- understand that I may not charge rent for an assisted unit that is in excess of rents currently being charged for comparable unassisted units within my building.
- understand that, if a proposed renewal lease with HRA HOME TBRA Lease Addendum is approved by HRA, I will receive an HRA HOME TBRA Lease Renewal Approval and a renewal RAC to sign and return to HRA with the fully executed renewal lease. HRA will then send me a copy of the fully executed renewal RAC and will continue or resume HRA HOME TBRA rental assistance payments pursuant to the renewal RAC.
- understand that I may not charge the tenant for a rent amount not approved by HRA.
- understand that the assisted unit must pass an annual HQS inspection. If more than a year has elapsed since the assisted unit was inspected, HRA HOME TBRA payments will be suspended until the assisted unit passes an annual HQS inspection.

Signature of Owner/ Managing Agent

Date
