

**MINNESOTA HOUSING FINANCE AGENCY  
MARIF PROGRAM  
REQUEST FOR RENT INCREASE**

*(To be used when there is no Minnesota Housing amortizing first mortgage.)*

Property Name/MHFA File #:		D
Name of Ownership Entity:		
Name of Management Company:		
Effective Date of change:		

To receive approval, the following two statements must be true (answer yes if true):

- The rate of increase does not exceed the amount needed to meet the monthly operating expense budget for the unit.

YES                       NO

- The proposed increase is not higher than the increase for non-MARIF units in the property.

YES                       NO

*Minnesota Housing reserves the right to request supporting documentation demonstrating the need for the proposed increase, include a rent roll, a proposed schedule of rental rates and an operating budget.*

I certify the above to be true and correct.

\_\_\_\_\_  
Print Name of Ownership Entity

By: \_\_\_\_\_

Its: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Signatory (must be an authorized signor)

Date: \_\_\_\_\_

<b>For MHFA Use Only:</b>			
<b>Approved by:</b>		<b>Date approved:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Notes –</b>			

*You may submit the signed form by mail, email or fax.*