



Project Name		Instrument Number		
Project Address		City	State	ZIP Code
Project Completion Date	County	HTF Written Agreement Date		

[illegible]

Total Number of HTF Units Located Within Your Project	Total Number of Rental Assisted Units	Units Assisted By <input type="checkbox"/> PBRA <input type="checkbox"/> TBRA
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By signing below, I certify that the information submitted on this form is true and correct and that I am aware of the following:

- NDHFA reserves the right to request additional information to support the need for rent increases.
- Any and all rent increases require tenant notification as required in agreed lease provisions.
- Failure to receive NDHFA approval and/or provide tenants with proper notice of rental increases may require a reduction in rent and restitution paid to affected tenants.
- This document is exclusively intended for Housing Trust Fund Program use only.
- Owners who fail to submit the Annual Rent Approval Form are subject to a finding and/or being placed on NDHFA's noncompliant property list.
- Please ensure you are utilizing the current year HTF Rent Limit chart prior to submitting request to NDHFA.

Comments	
Signature	Date
Printed Name	Title
Telephone Number	Email Address

### NDHFA USE ONLY

<input type="checkbox"/> Approved Increase		<input type="checkbox"/> Approved No Increase	<input type="checkbox"/> Denied
Reviewed By	Date		
Approved By	Date		
Comments			