



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			