OMB Control Number 2502–0587
form HUD–9630; exp. 04/30/2027

Request to Renew Using Small Area Fair Market Rents (SAFMRs) as Market Ceiling

This form is used for the renewal of Section 8 Housing Assistance Payments contracts as authorized under the Multifamily Assisted Housing Reform and Affordability Act of 1997 (MAHRA), 42 U.S.C. § 1437f note. The public reporting burden for completing this form is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, and gathering and maintaining the data needed. HUD may disclose certain information to Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. The information collected is required to obtain benefits. Information collected will not otherwise be disclosed or released outside of HUD, except as required and permitted by law. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Project name: _____

Contract No(s). _____

Project No. _____

I am requesting to renew the above Section 8 contract(s) under Option 2 of the *Section 8 Policy Renewal Guidebook* using 90% of SAFMRs as a market rent ceiling instead of performing a Rent Comparability Study. I believe both the current and proposed Section 8 rents are below market rents for similar units in the Section 8 project's market area.

SAFMRs used below are from the SAFMR schedule published on _____ for _____, the county or MSA in which the project is located. The OCAF/budget worksheet is attached. (*Complete columns 1 through 4, then make calculations as indicated.*)

Increase factor: _____

1	2	3	4	5	6	7	8	9	10	11	12
Units Reviewing			**Sec 8 Contract Rent**		**Utility Allowance**	**Section 8 Gross Rent**			**Section 8 Gross Rent**		
Unit Type	**# of Units**	**Sq. Ft.**	**Current**	**Proposed (Col. 4 x factor)**		**Current (Cols. 4+6)**	**Proposed (Cols. 5+6)**	**SAFMR**	**Current (Cols. 2 x 7)**	**Proposed (Cols. 2 x 8)**	**SAFMR Potential (Col. 2 x 9)**
								Totals			
								90% of Total SAFMR Potential			

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and accurate. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §§ 3729, 3802)

_____

Owner name (print or type)

_____

Owner signature

_____

Date (mm/dd/yyyy)