



Request for Rental Increase

Part I. Owner Information

Owner: _____ Agent: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____

Part II. Tenant Information

Name: _____ Unit Address: _____
 City/State/Zip: _____ Effective Date: ____/____/____
 Current Rent: _____ Requested Increase: \$ _____
 New Requested Rent: \$ _____ # of Bedrooms in Unit: _____

Part III. Landlord Certification and Acknowledgement

I, _____ certify that the requested rent is correct to the best of my knowledge and the Housing Choice Voucher lease addendum or occupancy agreement executed between the tenant and owner/agent remain in effect. I understand that if the increase is approved and executed it will amend the Housing Assistance Payment (HAP) Contract. **Furthermore, I understand if my request is not received at least (60) days prior to the effective date of the rent increase, my request will be denied.**

Owner/Agent Signature: _____ Date: _____

Please submit request by mail, in person or fax to:

Attn: Rent Increase Request
 888 Executive Center Drive W. Suite 100
 St. Petersburg, FL 33702

P.O. Box 12849, St. Petersburg, FL 33733 (mailing address)

(727) 323-3171 Phone * (727) 328-6699 Fax

Part IV. St. Petersburg Housing Authority Use Only

Rent Increase Approved? Yes No *(Based on Rent Reasonableness)*

Effective Date of Increase: _____

Increase Amount: \$ _____

New Contract Rent: \$ _____

% above FMR _____

% below FMR _____

Inspector: _____

Date: ____/____/____

Supervisor: _____

Date: ____/____/____