



## Request for Rental Increase

Please e-mail the form to [Landlord8@stpeteha.org](mailto:Landlord8@stpeteha.org)

Attn: Rent Increase Request • 2001 Gandy Blvd. North, St. Petersburg, FL 33702 • (727) 328-6699 Fax  
*(Request must be received at least 60 days prior to the lease end date to be considered for approval)*

### Part I. Owner Information

Owner: \_\_\_\_\_ Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II. Tenant Information

Name: \_\_\_\_\_ Unit Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Lease Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current Rent: \$ \_\_\_\_\_ Requested Rent: \$ \_\_\_\_\_

### Part III. Unit Information (Be sure to use information as stated on the Property Appraiser's website: [www.pcpao.org](http://www.pcpao.org))

| <b>Unit Type:</b>   | <b>Size/Year:</b>          | <b>Amenities:</b>              | <b>Community Features:</b>     | <b>Utilities Paid by:</b> |
|---------------------|----------------------------|--------------------------------|--------------------------------|---------------------------|
| <i>(Select one)</i> |                            | <i>(Select all that apply)</i> | <i>(Select all that apply)</i> | <i>(Select who pays)</i>  |
| Single Family       | Number of Bedrooms: _____  | Dishwasher                     | Gated Community                | Electric: Landlord        |
| Apartment           | Number of Bathrooms: _____ | Microwave                      | Fitness Center                 | Tenant                    |
| Townhouse           | Sq. Ft: _____              | Garbage Disposal               | Pool                           | Water: Landlord           |
| Hi-rise             | Year built: _____          | Granite Counters               | Fenced Yard                    | Tenant                    |
| Duplex              |                            | Washer/Dryer                   | Balcony                        | Sewer: Landlord           |
| Mobile Home         |                            | Central Air                    | Cable TV                       | Tenant                    |
|                     |                            | Ceiling Fan(s)                 | Laundry Facilities             | Trash: Landlord           |
|                     |                            |                                |                                | Tenant                    |

### Part IV. St. Petersburg Housing Authority Use Only

Rent Increase Approved?  Yes  No *(Based on Rent Reasonableness)* Increase Amount Requested: \$ \_\_\_\_\_  
 Effective Date of Increase: \_\_\_\_/\_\_\_\_/\_\_\_\_ New Contract Rent: \$ \_\_\_\_\_  
 % above FMR \_\_\_\_\_ % below FMR \_\_\_\_\_  
 Inspector: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_