



**Request for Rental Increase**

Please submit the request by mail, in person, email or fax to: Attn: Rent Increase  
Request • 2001 Gandy Blvd. N, St. Petersburg, FL 33702 •

[Rentincreaserequest@stpeteha.org](mailto:Rentincreaserequest@stpeteha.org) Email • (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: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II. Tenant Information**

Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Lease Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested Rent: \$ \_\_\_\_\_

Current 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>(Circle one)</i>		<i>(Circle all that apply)</i>	<i>(Circle all that apply)</i>	<i>(Circle 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: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_