

## **Request for Contract Rent Increase Notice**

The Housing Authority of the City of Titusville policies regarding Contract Rent Increases is as follows:

- The PHA must make a rent reasonableness determination at initial occupancy and whenever the owner requests a rent adjustment.
- The owner must not change the rent during the initial lease term. Subsequent requests for rent adjustments must be consistent with the lease between the owner and the family. For rent increase requests after initial lease-up, the PHA may request owners to provide information about the rents charged for other units on the premises, if the premises include more than 4 units. In evaluating the proposed rents in comparison to other units on the premises the PHA will consider unit size and length of tenancy in the other units.
- Rent increases will not be approved unless any failed items identified by the most recent HQS inspection have been corrected.
- The data will be maintained by bedroom size and market areas. The rent for a unit proposed for HCV assistance will be compared to the rent charged for comparable units in the same market area.
- The PHA will notify the owner of the rent the PHA can approve based upon its analysis of rents for comparable units.
- The family's share of rent cannot be more than the difference between the rent to owner and the HAP payment. The owner may not demand or accept any rent payment from the tenant in excess of this maximum.
- The PHA will determine whether the requested increase is reasonable within 10 business days of receiving the request from the owner.
- Unless otherwise specified, all rent adjustments will be made effective at the tenant's annual recertification effective date. If a request is not made 60 days prior to the tenant's recertification the rent adjustment will be effective the first of the month following 60 days after the PHA's receipt of the owner's request or on the date specified by the owner, whichever is later.

**To begin the rent increase process, you must provide the following documents:**

1. A copy of a sixty day advance written Notice of Intent to Increase the Rent, served to your tenant.
2. A signed Contract Rent Increase Request Acknowledgement Form. All submitted forms must be legible.  
**Failure to complete the form in its entirety will result in the request being denied.**
3. A Completed Request for Contract Rent Increase Form. This form must be attached to the Contract Rent Increase Request Acknowledgement Form.



524 S. Hopkins Ave. • Titusville, FL 32796

O 321.267.4204 • F 321.269.2231

HACTV.com

## CONTRACT RENT INCREASE REQUEST ACKNOWLEDGEMENT FORM

(NOTE: Please attach this form to the Rent Increase Request Form)

### **Acknowledgement & Signature:**

I have reviewed this form and agree to (1) the proposed rent and (2) that the utility information on the attached Rent Increase Request Form describes who is responsible for paying each utility and providing the stove and refrigerator.

**I understand this request may result in an increase in my portion of the rent.**

Tenant's Name (Print): \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the information on this Rent Increase Request Form is complete and accurate to the best of my knowledge,

Landlord/Agent's Name (Print): \_\_\_\_\_

Landlord/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR CONTRACT RENT INCREASE

Landlord's Name: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_  
 Landlord's Mailing Address: \_\_\_\_\_ Landlord's Email: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_  
 Unit Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# Bedroom(s): \_\_\_\_\_ # Bath(s): \_\_\_\_\_ Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_

**Type of Unit:**  Single Family  Detached Semi-Detached/Row House  Manufactured Home  Garden  High-Rise

### Amenities

<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> W/D hookups	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Pool
<input type="checkbox"/> Porch	<input type="checkbox"/> Balcony	<input type="checkbox"/> Deck	<input type="checkbox"/> Lawn Maintenance	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Carpet	<input type="checkbox"/> Mini-Blinds	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other		

### Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer or Septic	<input type="checkbox"/> Sewer <input type="checkbox"/> Septic		
Trash Collection			
Air Conditioning	<input type="checkbox"/> Central A/C <input type="checkbox"/> Window Unit A/C		
Refrigerator			
Range/Microwave			
Other (Specify)			

### **Notice of Intent to Increase the Rent must be given sixty-day advance prior to effective date:**

- You are hereby notified that the requested rent increase for the lease term will be effective: \_\_\_\_\_
- Base Rent: \$ \_\_\_\_\_ Requested Increased Rent Amount: \$ \_\_\_\_\_ Amount of Proposed Rent: \$ \_\_\_\_\_
- Other Monthly Charges: \$ \_\_\_\_\_ (Washer/Dryer, Lawn Care, Cable, Pet Charges, Etc.)
- Rent Comparability: The rent on similar adjoining units has been raised to \$ \_\_\_\_\_ effective \_\_\_\_\_.

The reason for this requested increase: \_\_\_\_\_

Signature of Approval by PHA Date: \_\_\_\_\_ Signature of Disapproval by PHA Date: \_\_\_\_\_  
 Reason for Disapproval: \_\_\_\_\_

**This is only a request, it is not automatic, and rent increases must be approved by PHA.**