## **RENT INCREASE REQUEST FOR SECTION 8 UNIT**

Please complete ALL AREAS of this page. This information is important in performing a rent reasonableness check <b>Failure to complete this form fully will result in your increase being denied.</b> This request must be submitted at least 60 days prior to your tenant's lease renewal date.						
Tenant Name						
Address of Unit				Zip Code		
What is the <u>NEW</u>	monthly amoun	t of rent that	t you will char	ge? \$		
What month is the lease renewal effective?				(must be at least 60 days from now)		
# of Bedrooms?	# of Bathroo	ms?				
What amenities are i	ncluded in or on this	property?				
□Refrigerator □Sto	ove/Oven 🗆 Mie	crowave $\Box$ I	Dishwasher	Ceiling Fans		
Deck/Patio/Balcony	□Garbage Dispos	al 🗆 Washer	Dryer	□Laundry Hookups		
Swimming Pool	□Gated Communit	y Drivewa	ay 🛛 Garage	□Street Parking		
	ctric Who ural Gas tle Gas	pays the heating	g bill? □ Landl □Tenan	2		
Type of Cooking	<ul> <li>Electric</li> <li>Natural Gas</li> <li>Bottle Gas</li> </ul>	Who pays?	□Landlord Pays □Tenant Pays	5		
Type of Water Heater	<ul> <li>Electric</li> <li>Natural Gas</li> <li>Bottle Gas</li> </ul>	Who pays?	□Landlord Pay □Tenant Pays	/S		
Other Electric (lights,	televisions, etc)	Who pays?	□Landlord Pays □Tenant Pays	5		
Type of Water	□Well □City / County Wat If well wate	er	pays the water bill ave to pay for wa	I? □Landlord Pays □Tenant Pays ter treatment? □Yes	□No	
Type of Sewer	□ Septic Tank □ City/County Sewe		pays sewer bill?	□Landlord Pays □Tenant Pays		
			•	equired to sign a new le	•	

client and you will be required to sign a new HAP contract with the Sarasota Housing Authority. This request will be pending the outcome of a rent reasonableness check.

 Owner Name
 Owner Signature
 Date

Revised April 15, 2014