

Public Housing and Community Development Miami-Dade Housing Choice Voucher Program

Florida Quadel, Contractor P.O. Box 521750 Miami, Florida 33152-1750 T 305-403-3222 F 305-629-1032 TTD/TTY Florida Relay Service 800-955-8771 or Dial 711

miamidade.gov

Si necesita ayuda con este formulario, llame al 305-403-3222 Si w bezwen yo ede w ak fom sa a, tanpri rele 305-403-3222

REQUEST FOR RENT INCREASE / DECREASE

1. TO BE COMPLETED BY PROPER	TY OWNER (PLEASE PRINT OR TYPE)						
Tenant's Name							
Rental unit address		U	nit #				
City		State _ Zip Code	State _ Zip Code				
			MDHCV Client # (if known)				
Owner's Name		TIN or SSN	TIN or SSN				
Address							
City		State _ Zip Code	State _ Zip Code				
Phone #	F	ax#					
Cell	Email	V	Vendor#				
	maintenance items caused by reg	gular wear and tear.)	de requested overall unit characteristics Rent Decrease				
HAP Contract Anniversary Date	nniversary Date Current Rent Re		Proposed Effective Date				
GENERAL UNIT INFORMATION							
No. Bedrooms No. Bath	rooms Full	ize square feet					
UILDING TYPE Check here if Condo							
Single Family Detached Du	plex/Triplex/Fourplex Rowhouse,	/Townhouse Manufacture	ed High Rise				
Low Rise (including garden/walk	up) Single Room Occupancy	Independent Group Residenc	е				
AMENITIES AND SERVICES INCLU	DED IN RENT						
Garbage disposalPest ControlWasher/Dryer in Unit	□ Cable□ Security System□ Washer/Dryer in Complex	DishwasherLawn CareCeiling Fans	□ Pool□ W/D Hookups□ Microwave (in addition to range)				

- The cost of amenities can be included in the requested rent amount. These amenities will be taken into consideration for making
 the rent determination. The tenant cannot be charged a separate fee for these amenities if they are included in the rent. The
 tenant should not enter into any additional agreement for these amenities. If the rent determination shows that the tenant
 does not have enough income to support the rent plus amenities, the rent request will be denied.
- 2. Tenants can choose to pay for an amenity on their own so long as the cost of the amenity is not part of the rent. Any agreement signed by the tenant for amenities must have the same termination date as the lease and cannot state that the fee is considered additional rent. This agreement must be disclosed to the HCV program. The HCV program does not assume responsibility for failure of tenant to comply with any provision of the amenities agreement. Tenant is advised to carefully consider the burden of an additional expense before entering into an agreement.

PARKING									
Car	Carport	☐ Assigned	Car Gar	rage	□ Street	Unassigned	□None		
<u>EXTERIOR</u>									
☐ Balcony		☐ Patio		Deck	☐ Porch				
UNIT QUALITY									
 A. Newly constructed or completely renovated B. Well maintained and/or partially renovated C. Adequate, but some repairs may be needed soon 									
To the best of my knowledge the information above is correct.									
	Owner's Signature			Date					
2. TO BE COM	PLETED BY TENA	NT							
			crease requested by family composition				This is in addition to		
		Tenant's Signatu	ire		Date				

3. IMPORTANT NOTICE

DADVING

- Owners should review the area rental market prior to requesting an adjustment to the contract rent. The rent reasonableness analysis to be conducted by MDHCV may yield results equal, higher, or lower than the current contract rent.
- MDHCV may limit and/or deny rent increase requests due to funding availability or restrictions.
- Request for rent increases must be requested at least 60 days before the anniversary of the lease for the new rent to be effective on the anniversary date. A late request will be processed, but will be effective on the first of the month 60 days subsequent to the request date, and will not be applied retroactively.
- MDHCV may require 0wners of multi-unit rental projects to provide a rent roll.
- MDHCV shall not grant a rent increase unless the Owner has complied with obligations under the HAP contract, including compliance with the HQS for all contract units.