



Hernando County Housing Authority

621 W. Jefferson Street
Brooksville, FL 34601

Rental Increase Form

Telephone: (352) 754-4160
Fax: (352) 754-4168

Name of Landlord/Owner: _____

Landlord Phone Number

Landlord Email Address

Participant/Tenant: _____

In accordance with HUD regulations and the Housing Assistance Payment Contract part C: Tenancy Addendum; Section 15 – Changes in Lease or Rent (d): *The owner must notify PHA of any changes in the amount of the rent to owner at least **sixty** (60) days before any such changes go into effect, and the amount of the rent to owner following any such agreed change may not exceed the reasonable rent for the unit as most recently determined or re-determined by the PHA in accordance with HUD requirements.*

If you would like our office to process a rental increase for your unit, please complete the bottom portion of this form. Be advised that upon receipt of this request, we will conduct a rent reasonableness survey for the rental amount that you are requesting. You will receive notification addressing the approval or denial of this request.

Please Complete this Section and Return ASAP to ERimes@co.hernando.fl.us or Fax to 352-754-4168

Would you like to increase the rent on your unit? (circle one): YES NO

Today's Date: _____

Current Rent Amount: \$ _____

New Requested Rent Amount: \$ _____

Lease Renewal Date: _____

Unit Address: _____ City: _____ Zip: _____

Any Changes in Utility Responsibilities or Lease Clauses? **YES** or **NO** Explain: _____

Name of Person Submitting this Request: _____

Landlord/Owner/Agent Signature

Date

To be completed by HCHA Inspector: Request received within 60 days of lease end date: **YES** or **NO**

If no: Date Received: _____ End of Lease Date: _____

Requested Amount: **APPROVED** or **DENIED** – Other Amount Approved: \$ _____

Date Notification to Landlord Sent: _____ via: **FAX EMAIL REGULAR MAIL TELEPHONE**