RENT INCREASE REQUEST FOR SECTION 8 UNIT

Please complete ALL AREAS of this page. This information is important in performing a rent reasonableness check! **Failure to complete this form fully will result in your increase being denied.** 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 ***NEW*** monthly amount of rent that you will charge? $_____

What month is the lease renewal effective? _____ (must be at least 60 days from now)

# of Bedrooms? _____ # of Bathrooms? _____

Is trash included in rent? Yes___ No ___ Is this unit air conditioned? Yes___ No ___

What amenities are included in or on this property?

☐Refrigerator ☐Stove/Oven ☐Microwave ☐Dishwasher ☐Ceiling Fans

☐Deck/Patio/Balcony ☐Garbage Disposal ☐Washer ☐Dryer ☐Laundry Hookups

☐Swimming Pool ☐Gated Community ☐Driveway ☐Garage ☐Street Parking

---

Type of Heat ☐ Electric ☐ Natural Gas ☐ Bottle Gas — Who pays the heating bill? ☐ Landlord Pays ☐Tenant Pays

Type of Cooking ☐ Electric ☐ Natural Gas ☐ Bottle Gas — Who pays? ☐Landlord Pays ☐Tenant Pays

Type of Water Heater ☐ Electric ☐ Natural Gas ☐ Bottle Gas — Who pays? ☐Landlord Pays ☐Tenant Pays

Other Electric (lights, televisions, etc) — Who pays? ☐Landlord Pays ☐Tenant Pays

Type of Water ☐Well ☐City / County Water — Who pays the water bill? ☐Landlord Pays ☐Tenant Pays

If well water, does tenant have to pay for water treatment? ☐Yes ☐No

Type of Sewer ☐ Septic Tank ☐ City/County Sewer Line — Who pays sewer bill? ☐Landlord Pays ☐Tenant Pays

Please be advised that if this rent increase is approved, then you will be required to sign a new lease with your 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 _____