



PALM BEACH COUNTY HOUSING AUTHORITY

RENT INCREASE REQUEST FORM

Effective August 1, 2016, Palm Beach County Housing Authority will require that all request for rent increases be submitted using a Request for Rent Increase Form for tenants assisted through the Housing Choice Voucher Program (Section 8). The form must be completed in its entirety.

Please email the request to: rentincrease@pbchaf.org, failure to do so will cause a delay in processing.

- ✓ Rent increase request must be submitted at least 60 days before effective date of the change
- ✓ (before the anniversary date of lease renewal)
- ✓ The following are required and strongly considered when processing rent increases:
 - Tenant must be aware and in agreement with rent increase, as it could substantially effect tenant's rent.
- ✓ Rent requested must meet affordability requirements for tenant.
- ✓ Rent requested must be comparable to rent in immediate vicinity (A Reasonable Rent)
- ✓ Unit must be in compliance of Housing Quality Standards ("pass" inspection rating.)

A new Housing Assistance Payment Contract will be required if the rent increase is approved.

Thank you for your cooperation and if you have any questions, please contact the Housing Choice Voucher Program at 561-684-2160

Cordially,

Housing Choice Voucher Program
Palm Beach County Housing Authority



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Rent Increase Request Form

Request for Rent Increase/Decrease

TO BE COMPLETED BY PROPERTY OWNER (PLEASE PRINT OR TYPE)

Tenant's Name _____
 Rental Unit Address _____ Unit # _____
 City _____ State _____ Zip Code _____
 Phone Number _____ E-mail _____

Owner's Name _____ EIN or SSN _____
 Owner's Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ E-mail _____

REASON FOR REQUEST (PLEASE CHECK THE APPROPRIATE BOX)

Rent Increase Rent Decrease Change in Utilities Change in Unit

_____ \$ _____ \$ _____
 HAP Contract Anniversary Date Current Rent Requested Rent Proposed Effective Date

General Unit Information

Of Bedrooms _____ # Of Bathrooms _____ Full ½ Unit Size _____ Square Feet

Building Type

Single Family Detached Duplex/Triplex/Fourplex Rowhouse/Townhouse Manufactured Home High Rise
 Condominium Low Rise (including garden/walkup) Single Room Occupancy

Amenities

Gated Community Washer/Dryer in Unit
 Dishwasher Washer/Dryer in Complex
 Refrigerator Washer/Dryer Hookup
 Microwave Lawn Care
 Stove Pest Control
 Garbage Disposal Pool

Air Conditioning

Central Air
 Ceiling Fans
 Window/Wall A/C Unit

Heat Source

Central Heat
 Window/Wall
 Space
 Heat Pump

Parking Exterior

Car Garage Covered Space(s) Driveway Unassigned Open Street Unknown None
 Balcony Patio Deck Porch



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UNIT QUALITY

- Newly Constructed or completely renovated
- Well maintained and/or partially renovated
- Adequate, but some repairs may be needed soon

UTILITY INFORMATION (check the appropriate boxes)

Does the information below indicate a change in utility responsibilities? Yes No

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

Item	Specify fuel type		Paid By
Heating Fuel	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	
Cooking Fuel	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	
Other Electric			
Water			
Sewer			
Trash Collection			
Refrigerator			
Range/Microwave			
Other (specific)			

Acknowledgement and Signatures

I have reviewed this form and acknowledge (1) the Owner's request for a rent increase and that utility information above correctly describes who is responsible for paying each utility and providing the stove and refrigerator. By signing below I understand that this request may result in an increase in my portion of the rent. I also understand that I may exercise my right to relocate with my voucher if I cannot afford my new portion.

Participant Signature

Date

Participant Signature

I certify that the information provided on this form is complete and accurate to the best of my knowledge and that the rent request is not greater than rent for any other unassisted unit in the building (for multi-unit dwellings). I understand that the request may result in an increase in the tenant's portion of rent and that the tenant may exercise their right to move. By submitting this rent increase request, I understand that PBCHA must thoroughly evaluate this request, including comparing the requested rent to rents charged for comparable, market-rate unit in the vicinity of the subject unit. This could result in one of three outcomes: (1) a denial of the request to change the rent amount; (2) a decrease in the requested rent amount time, if PBCHA finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units or (3) an approval of my request to increase the rent amount. Request for rent increases must be requested at least 60 days before the anniversary date of the lease for the new rent to be effective on the anniversary date. PBCHA shall not grant a rent increase unless the Owner has complied with obligations under the HAP contract, including compliance with the Housing Quality Standards for all contract units. PBCHA may limit and/or deny rent increase requests due to funding availability or restrictions.

Participant Signature

Date