

REQUEST FOR RENT CHANGE

Housing Authority of Brevard County
Section 8 Program
1401 Guava Ave
Melbourne, FL 32935

FORM MUST BE MAILED IN
NO FAXES WILL BE ACCEPTED

From: _____ # _____ Date: _____

RE: Tenant's Name: _____ # _____

Unit Address: _____

Bedrooms: _____ # Baths: _____ Square Footage: _____ Year Built: _____

You are hereby notified that the requested rent for the lease term for the above named unit will be as followed effective _____

Current rent _____

Increase _____

Proposed Rent _____

The reasons for this request increase: _____

The rates for the following utilities, which are included in the rent, have increased:

Electric _____ Water _____ Sewer _____ Garbage _____

Rent Comparability –

Rent on similar adjoining units has been raised to \$ _____ effective: _____

Signed: _____
Owner or Manager Date

Signed: _____
Section 8 Client Date
Client Refused to sign: _____

THIS IS ONLY A REQUEST FOR INCREASE AND IS NOT AUTOMATIC.

**THIS FORM MUST BE SUBMITTED AND APPROVED BY THE SECTION 8 OFFICE
NO LESS THAN SIXTY (60) DAYS PRIOR TO THE EFFECTIVE DATE OF CHANGE**

Approved By Section 8 _____
Date

Disapproved By Section 8 _____
Date

Reason for Disapproval _____
