

**REQUEST FOR RENT CHANGE**

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

**FORM MUST BE MAILED IN, HAND  
DELIVERED OR EMAILED TO  
inspectors@habc.us  
NO FAXES WILL BE ACCEPTED  
(60 DAY NOTICE REQUIRED) TENANT SIGNATURE  
or PROOF OF NOTIFICATION REQUIRED**

Date: \_\_\_\_\_

From: \_\_\_\_\_ \* Phone# \_\_\_\_\_ \*

Tenant's Name: \_\_\_\_\_ \*Phone# \_\_\_\_\_

Unit Address: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*

# 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 \_\_\_\_\_ \*

**RENT INCLUDES THE FOLLOWING UTILITIES:**

Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Garbage \_\_\_\_\_

Signed: \_\_\_\_\_ \*  
Owner or Manager Date

Signed: \_\_\_\_\_ \*  
Section 8 Client Date

**Client not available to sign, included is proof of notification to client: \_\_\_\_\_  
(60 DAY NOTICE REQUIRED)**

**ALL \* ARE REQUIRED**

**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**

<input type="checkbox"/> Approved by Section 8:	Date:
<input type="checkbox"/> Disapproved by Section 8:	Date
Reason for Disapproval:	