



**HOUSING AUTHORITY OF BREVARD COUNTY**

**COMMISSIONERS**

Jon Turla, Chair  
Brian Nemeroff, Vice Chair  
Martin Hindsley  
Phyllis M. Principe

**CHIEF EXECUTIVE OFFICER**

Michael L. Bean

REQUEST FOR RENT CHANGE

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

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

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 Amt: \_\_\_\_\_

Proposed New Rent: \_\_\_\_\_

**RENT INCLUDES THE FOLLOWING UTILITIES :**  
**60 DAYS NOTICE TO CLIENT IS REQUIRED**

Electric: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer: \_\_\_\_\_ Trash: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Manager

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Tenant

**\*\* Client not available to sign, included is proof of 60 day notice to client.**

All rent adjustments will be effective the first of the month following 60 days after the request is received or on the date specified by the owner, whichever is later. This is only a request and is not an automatic approval.

Owners/managers will be notified of the determination in writing within 10 days of receiving the request.

Approved by Section 8: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Denied by Section 8: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

