



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

PLEASE EMAIL THIS FORM TO INSPECTORS@HABC.US

Date: _____

Owner/Manager: _____ Phone: _____

Email: _____

Tenant 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 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: _____

