

**Florence Housing Authority**  
 Housing Choice Voucher Program  
 110 South Cypress St., Suite One Florence, AL 35630

**Request for Rent Increase Form**

OWNER INFORMATION	TENANT INFORMATION
Owner Name:	Tenant Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone Number:	Telephone Number:
<b>Requested Rent:</b>	<b>Current Rent:</b>

**1. Building Type:**

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Manufactured Home (Mobile)	Number of Bedrooms: _____	Number of Bathrooms: _____
<input type="checkbox"/> Duplex (two combined one story units)	<input type="checkbox"/> Townhouse		
<input type="checkbox"/> Garden/Walk-up Apartments	<input type="checkbox"/> Congregate/SRO	Square Footage: _____	Year Built: _____

**2. Amenities/Utilities:** **PLEASE DO NOT MARK IN SHADED**

Item	Specify Fuel Type			Provided By	Utility Paid By				
Carpets	Yes	No							
Fireplace	Yes	No							
Air Conditioning	Central	Window							
Disposal	Yes	No							
Dishwasher	Yes	No							
Microwave (if provided by Owner)	Yes	No							
Ceiling Fan(s)	Yes	No							
Handicap Accessibility	Yes	No							
Garage	One Car	Two Car							
Security Door/Windows	Yes	No							
Playground	Yes	No							
Pool	Yes	No							
Carport	Yes	No							
Laundry Facilities/ W & D Hook ups	Yes	No							
Washer/Dryer (if provided by Owner)	Yes	No							
Enclosed Balcony/Patio/Storage Room	Yes	No							
Gated complex/Community	Yes	No							
Pest Control (if serviced by Owner)	Yes	No							
Assigned parking # of spaces _____	Yes	No							
Lawn Care (if serviced by Owner)	Yes	No							
Heating Source	<input type="checkbox"/> Central	<input type="checkbox"/> Wall	<input type="checkbox"/> Space						
Other									

**3. Unassisted Units:**

If complex has three or more units of same bedroom/bath size, provide three comparable data below on unassisted units that are in the same complex for units currently leased within one year of this request.

Are all units assisted:  Yes  No Individually Owned:  Yes  No

Tenant Name (comparable)	Tenant's Phone Number	Rent Amount	Date Rented
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)
Tenant Name (comparable)	Tenant's Phone Number	Rent Amount	Date Rented
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)
Tenant Name (comparable)	Tenant's Phone Number	Rent Amount	Date Rented
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)

**As the Owner, I am aware that:**  
 I am not permitted to live in the unit while I am receiving housing assistance payments.  
 Are you the parent, legal guardian, child, grandparent, sister, brother, stepparent or stepchild of any member of the tenant family?  Yes  No

\_\_\_\_\_  
 Signature  Owner  Agent  Manager

\_\_\_\_\_  
 Print Name Date Telephone Number

**Return this form ONLY if you are requesting a rental adjustment. Attach a copy of your notice of rental increase to your tenant.  
 Please return completed form to Florence Housing Authority Housing Choice Voucher office at least 60 days prior to the effective date of the rent increase.**

Florence Housing Authority Only	
Date Received:	First Year of Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Timely Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lease Expiration Date:
Date of Inspection:	Date Completed:
Date Returned:	