

REQUEST FOR RENT CHANGE

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

**FORM MUST BE MAILED IN OR HAND
DELIVERED**
NO FAXES
WILL BE ACCEPTED (60 DAY NOTICE 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, and 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 _____	