Last Updated: 08/03/2022



Hernando County Housing Authority

621 W. Jefferson Street Brooksville, FL 34601

Telephone: (352) 754-4160

Rental Increase Form

	Rental Increase Form		Fax: (352) 754-4168	
Name of Landlord/Owner:			-	
Landlord Phone Number	Landlord Email Address			
Participant/Tenant:				
In accordance with HUD regulations and Section 15 – Changes in Lease or Rent (owner at least sixty (60) days before any any such agreed change may not exceed re-determined by the PHA in accordance	d): The owner must notify PHA of an such changes go into effect, and the the reasonable rent for the unit as m	y changes in amount of t	the amount of the rent to he rent to owner following	
If you would like our office to process a form. Be advised that upon receipt of th amount that you are requesting. You will	is request, we will conduct a rent reas	sonableness	survey for the rental	
Please Complete this Section and	Return ASAP to ERimes@co.hernan	do.fl.us or F	Fax to 352-754-4168	
Would you like to increase	the rent on your unit? (circle one):	<u>YES</u>	<u>NO</u>	
Today's Date:	Cur	Current Rent Amount: \$		
New Requested Rent Amount: \$	Lea	Lease Renewal Date:		
Unit Address:	City:		_ Zip:	
Any Changes in Utility Responsibilities or Lease Clauses? YES or NO Explain:				
Name of Person Submitting this Request	::			
Landlord/Owner/Agent Signature ************************************		Date	****************	
To be completed by HCHA Inspector:				
If no: Date Received:	End of Lease Date	e:		

Date Notification to Landlord Sent: ______ via: FAX EMAIL REGULAR MAIL TELEPHONE

Requested Amount: **APPROVED** or **DENIED** – Other Amount Approved: \$_