

Landlord area



"Exploring New Horizons to Create Better Communities"

Equal Housing-Equal Employment
HOUSING AUTHORITY OF THE CITY OF COCOA
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
828 Stone Street Cocoa, FL 32922
Phone (321) 636-8535 Fax (321) 632-4729
www.haccfl.com

REQUEST FOR RENT CHANGE

From: _____ # _____ Date _____

RE: Tenant's Name _____ # _____

Unit Address: _____

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 _____

The reasons for this requested increase: _____

The rates for the following utilities, which are included in the rent, have increased:

Electric _____ Water _____ Sewer _____ Garbage _____

Rent Comparability. The rent on similar adjoining units has been raised to \$ _____ effective _____.

Signed: _____
Owner or Manager _____ Date _____

Signed: _____
Section 8 Client _____ Date _____

Approved By Section 8 _____
Date _____

Disapproved By Section 8 _____
Date _____

REQUEST MUST BE INTO S-8 OFFICE 60 DAYS BEFORE END OF LEASE
THIS IS ONLY A REQUEST FOR AN INCREASE AND IS NOT AUTOMATIC,
MUST BE APPROVED BY SECTION 8 OFFICE