



Request for Rental Increase

Please e-mail this form to hcv@panamacityhousing.org

Attn: Rent Increase Request

(Request must be received at least 60 days prior to the lease end date to be considered for approval)

Part I. Owner Information

Owner: _____ Agent: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Owner/Agent Signature: _____ Date: _____

Part II. Tenant Information

Name: _____ Unit Address: _____

City/State/Zip: _____ Lease Effective Date: ____ / ____ / ____

Current Rent: \$ _____ Requested Rent: \$ _____

Part III. Unit Information (Be sure to use information as stated on the Property Appraiser's website: baypa.net)

Unit Type: <i>(Select one)</i>	Size/Year:	Amenities: <i>(Select applicable)</i>	Community Features: <i>(Select applicable)</i>	Utilities Paid by: <i>(Select who pays)</i>
<input type="checkbox"/> Single Family	Number of Bedrooms: ____	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Gated Community	Electric: <input type="checkbox"/> Landlord
<input type="checkbox"/> Apartment	Number of Bathrooms: ____	<input type="checkbox"/> Microwave	<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Tenant
<input type="checkbox"/> Townhouse	Sq. Ft: _____	<input type="checkbox"/> Garbage Disp.	<input type="checkbox"/> Pool	Water: <input type="checkbox"/> Landlord
<input type="checkbox"/> Hi-rise	Year Built: _____	<input type="checkbox"/> Stone Counters	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Tenant
<input type="checkbox"/> Duplex		<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Balcony	Sewer: <input type="checkbox"/> Landlord
<input type="checkbox"/> Mobile Home		<input type="checkbox"/> Central Air	<input type="checkbox"/> Cable/Internet	<input type="checkbox"/> Tenant
		<input type="checkbox"/> Ceiling Fan(s)	<input type="checkbox"/> Laundry Facilities	Trash: <input type="checkbox"/> Landlord
				<input type="checkbox"/> Tenant

Part IV. *Panama City Housing Authority Use Only*

Rent Increase Approved? Yes No *(Based on the attached Rent Reasonableness document)*

Increase Amount Requested: \$ _____

Effective Date of Increase: ____ / ____ / ____

New Contract Rent: \$ _____

Inspector: _____

Date: ____ / ____ / ____

Caseworker: _____

Date: ____ / ____ / ____

Supervisor: _____

Date: ____ / ____ / ____