



Request for Rental Increase

Please submit request by mail, in person, or fax to:

Attn: Rent Increase Request • 2001 Gandy Blvd. North, St. Petersburg, FL 33702 • (727) 328-6699 Fax
(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: www.pcpao.org)

Unit Type:	Size/Year:	Amenities:	Community Features:	Utilities Paid by:
<i>(Circle one)</i>		<i>(Circle all that apply)</i>	<i>(Circle all that apply)</i>	<i>(Circle who pays)</i>
Single Family	Number of Bedrooms: _____	Dishwasher	Gated Community	Electric: Landlord
Apartment	Number of Bathrooms: _____	Microwave	Fitness Center	Tenant
Townhouse	Sq. Ft: _____	Garbage Disposal	Pool	Water: Landlord
Hi-rise	Year built: _____	Granite Counters	Fenced Yard	Tenant
Duplex		Washer/Dryer	Balcony	Sewer: Landlord
Mobile Home		Central Air	Cable TV	Tenant
		Ceiling Fan(s)	Laundry Facilities	Trash: Landlord
		_____	_____	Tenant

Part IV. St. Petersburg Housing Authority Use Only

Rent Increase Approved? Yes No *(Based on Rent Reasonableness)* Increase Amount Requested: \$ _____
 Effective Date of Increase: ____/____/____ New Contract Rent: \$ _____
 % above FMR _____ % below FMR _____
 Inspector: _____ Date: ____/____/____
 Supervisor: _____ Date: ____/____/____