

**REQUEST FOR RENT INCREASE**  
*BY LANDLORD/OWNER*

Date: \_\_\_\_\_

Name of Landlord, Owner, Apt. Community  
requesting rent increase:

\_\_\_\_\_

Fax # or Mailing address: \_\_\_\_\_  
*(Of Landlord)*

Name of Resident: \_\_\_\_\_  
*(To be affected by rent increase)*

Address of Resident: \_\_\_\_\_  
\_\_\_\_\_

Amount of (requested) new rent amount \$ \_\_\_\_\_ an increase of \$ \_\_\_\_\_ per month

Date the increase is scheduled to go into effect: \_\_\_\_\_  
*(Must provide a 60 day written notice to both resident and Housing Authority)*

The reason(s) I am requesting a rent increase:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date Signed

PLEASE FAX TO THE FOLEY HOUSING AUTHORITY AT: 251-943-5848. YOU SHOULD RECEIVE A REPLY WITHIN 7 WORKING DAYS. PLEASE CONSIDER THIS WHEN MAKING THE REQUEST.

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The Foley Housing Authority will complete the section below and fax or mail back to you within 7 business days

\_\_\_\_\_ Rent Reasonableness conducted on \_\_\_\_\_  
*(enter date)*

\_\_\_\_\_ Indicate whether rent amount requested passed or failed RR requirements  
*(P or F)*

\_\_\_\_\_ Rent Increase approved or denied  
*(A or D)*

\_\_\_\_\_  
Telesha Pace  
Section 8 Coordinator  
cc: file