

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.

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)

Housing Authority Representative

cc: file