# Housing Authority Of Pompano Beach

Post Office Box 2006
321 West Atlantic Boulevard
Pompano Beach, FL 33060
(954) 785-7200 (TDD) FAX: (954) 942-8142

## Section 8 Voucher Rent Reasonableness Comparable

## Rental Increase Request Form

(*This form is provided after Tenant increase notice and rent increase request has been submitted to the HAPB*)

**HCV MANAGER: Marcia Davis**
**COUNSELORS:**

___ **Erika Bell** _____
___ **Catherine Willis**
___ **Jasmine Humes**
___ **Ruby Baker**

***For Office Use Only***

| | |
|---|---|
| **Market Area** | **$Zone** |
| Fair Market Rent | $**SAFMR** |
| Payment Standard | $_____ |
| Voucher Size | _____ |

*Complete the following information and submit your written request to rentincrease@hapb2.org, via U.S. First Class Mail or facsimile at (954) 942-8142. No other forms of request will be accepted. You may email rentincrease@hapb2.org to confirm receipt. A reply would be provided within (30) days of your request. Remember all request must be submitted in writing (60) days prior to the HAP Contract expiration date and complete this form with all applicable information to avoid further delays.* ***Please attach an explanation of reason for your request.***

**Date:** _____ **RE-EXAM:**_____ **No. of Bedroom(s):** ___

**Tenant No. & Name:** _____ **No. of Bathrooms:**___

**Unit Address** _____

**Square Footage:** _____ **Year Built:** _____**RENT: Current $**____**.00 Increase to $**_____

**LANDLORD:** _____ *(For office use ONLY, IF APPROVED DATE Effective on: _____)*

Contact Name & Phone No.: _____

**Unit Type *(Please circle one)*:** **Handicap Accessible?** *Yes* ***or*** *No*

**SF** *(Single Family)* **DP** *(Duplex)* **R** *(Row)*/**TH** *(Townhome)* ***Buildings:*** ***Garden/*** **LR** *Lowrise 2-4 FL or less)* **HR** *(Highrise 5 FL or more)*

**Amenities/Facilities (Please check ALL that apply):**

___ Central **Air Conditioner/Heating**
___ Central Air Conditioner ***(ONLY)***
___ Window/Wall AC Provided
___ Space/Portable Heater/Fireplace
___ Ceiling Fans
___ Onsite Laundry
___ Washer/Dryer In Unit
___ Dishwasher
___ Garbage Disposal

___ Microwave (Provided by OWNER)
___ Refrigerator
___ Stove
___ Cable TV or Hook-Up
___ Patio __, Balcony__, Porch__
___ Lawn Care PAID by **(Tenant or Landlord)**
___ Pest Control PAID by **( Tenant or Landlord)**

**(Parking-Indicate type & how many)**

___ Off Street Parking # _____
___ Covered Parking # _____
___ Assigned Parking # _____
___ Unassigned Parking # _____
___ Florida or Family Room
___ Gated Community
___ Fenced/Controlled Property
___ Swimming Pool

**Fuel Source for UNIT:**

| | Heating | Hot Water | Cooking |
|---|---|---|---|
| Electric | ___ | ___ | ___ |
| Gas | ___ | ___ | ___ |
| Propane | ___ | ___ | ___ |

**Utilities paid by:**

| | Owner | Tenant |
|---|---|---|
| Electric | ___ | ___ |
| Gas | ___ | ___ |
| Water/Sewer | ___ | ___ |
| Sanitation/Trash | ___ | ___ |

**How would YOU rate your unit?** *(Please check one of each column)*

| Condition | | Location |
|---|---|---|
| Excellent | ___ | ___ |
| Good | ___ | ___ |
| Fair | ___ | ___ |
| Poor | ___ | ___ |

**Housing Services**

On-Site Maintenance: ***Yes*** *or* ***No***
On-Site Management: ***Yes*** *or* ***No***
24 Hour Emergency ***Yes*** *or* ***No***

Request: **Approved** **Denied** by Marcia Davis, HCV Manager _____ Date: _____

SAMPLE

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## ATTENTION LANDLORD/REPRESENTATIVE

Tenant No. & Name: _____

- Requesting a rental increase does ***NOT*** guarantee your approval.

- The request **MUST include** a dated ***COPY*** of the "Notice of Rental Increase Request" to the Family.

REQUEST RECEIPT DATE: _____

RENEWAL DATE: _____

*IF APPROVED*, THIS CHANGE WOULD BE EFFECTIVE* FOR _____

*Effective January 1, 2022, we will no longer process rent increases which go into effect after the renewal date. Such rent increase requests effective after the renewal period will be **denied** and **will not** be processed.

- The request must be submitted (60) days prior to the renewal effective month.
- The landlord/owner may request ONE rent increase within a twelve (12) month period.

**NOTE:** The renewal/annual Rent Increases must be requested (60) days prior to lease expiration or sooner. If dateline is missed, the request will **not** be processed.

**PLEASE:**

**►1. DO NOT SEND MORE THAN ONE REQUEST.**

**►2. DO NOT CONTACT US ON THIS REQUEST PRIOR TO THE EFFECTIVE DATE ABOVE. WE WILL NOT RESPOND.**

**TO CONFIRM RECEIPT, EMAIL RENTINCREASE@HAPB2.ORG**

SAMPLE

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## THINGS YOU NEED TO KNOW

## WHEN REQUESTING A RENTAL INCREASE

## FOR YOUR TENANT AND OUR HCV (SECTION 8) PARTICIPANT

Re: Tenant No. & Name: _____

- The request **MUST** be made in writing directly to the Housing Authority of Pompano Beach in any of the following forms:

  Via facsimile at: (954) 954-942-8142

  Via email: **rentincrease@hapb2.org**

  Via US Mail: 321 W. Atlantic Blvd. Pompano Beach FL 33060

- The request **MUST** include a dated ***COPY*** of the "Notice of Rental Increase Request" to the Family.

**NOTE:**

1. **Changing your lease terms DOES NOT constitute a request or notification of the landlord's intent to increase the TOTAL Rent for the leased unit.**
1. **Submitting a request DOES NOT guarantee the increase in rent is automatically accepted.**
2. **The total rent charged by the owner is established by the market value of the unit being subsidized *NOT the Payment Standard.***
3. **A transaction must be completed and the landlord/owner will be notified in writing of how much has been APPROVED.**

- Effective January 1, 2022, rent increase requests which go into effect after the renewal date **WILL NOT** be processed.
  - The renewal/annual Rent Increases must be requested (65) days prior to lease expiration or sooner.
  - The landlord/owner may request ONE rent increase within a twelve (12) month period.

- The Housing Authority will mail you a NEW HAP Contract & Amendment with the amount approved for this unit at that time. It is the landlord's decision if they accept or decline.

1. **If Landlord ACCEPTS, they only need to return the *HAP contract and amendment signed*.**
1. **If Landlord DECLINES, they MUST return the *HAP contract and amendment signed AND immediately* notify the family in writing by providing them a (60) day notice to vacate with copies to the HA so the family can be issued a voucher to locate another unit as soon as possible.**
   a. **In the meantime, the rental amount would be paid as approved until the family moves out of the unit.**
   b. **Reminder, the notice can be given at any day of the month, however the contract/leases can only be terminated on the 30th or 31st day of the month as HAP payments are made for the FULL month.**

**The family MAY at its discretion reject/object due to increase causing a hardship on their finances. Family MUST contact counselor immediately if this is the case.**

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## Excerpt from the Housing Assistance Payment (HAP) Contract(HUD 52641)

**18. Changes in Lease or Rent**

a. The tenant and the owner may not make any change in the tenancy addendum. However, if the tenant and the owner agree to any other changes in the lease, such changes must be in writing, and the owner must immediately give the PHA a copy of such changes. The lease, including any changes, must be in accordance with the requirements of the tenancy addendum.

b. In the following cases, tenant-based assistance shall not be continued unless the PHA has approved a new tenancy in accordance with program requirements and has executed a new HAP contract with the owner:

(1) If there are any changes in lease requirements governing tenant or owner responsibilities for utilities or appliances;

(2) If there are any changes in lease provisions governing the term of the lease;

(3) If the family moves to a new unit, even if the unit is in the same building or complex.

c. PHA approval of the tenancy, and execution of a new HAP contract, are not required for agreed changes in the lease other than as specified in paragraph b.

d. The owner must notify the PHA of any changes in the amount of the rent to owner at least sixty days before any such changes go into effect, and the amount of the rent to owner following any such agreed change may not exceed the reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements.

SAMPLE

Should you have any question or need further information, please contact our offices at (954) 785-7200 extension 227 between the hours of 7:00 am to 5:30 pm, M-TH and closed from 12:00 to 1:00 p.m.

Sincerely,
*Ms. Marcua Davis*
HCV Section 8 Manager