



FLORENCE HOUSING AUTHORITY
HOUSING CHOICE VOUCHER DEPARTMENT
110 South Cypress Street, Florence, Alabama 35630
Telephone: (256) 740-5217 TRS: 711
Fax: (256) 768-3175

Rent Increase Procedure

After the anniversary date of the first year of the rental lease and Housing Assistance Payment (HAP) contract, owners may request an adjustment in the contract rent. Requests may only be submitted once a year. (annually)

The rental adjustment will only be applied to those tenants who have surpassed the one-year mark of their tenancy. We require a 60 to 90-day advance notice prior to the requested effective date. The notice must be in writing to both the tenant and Florence Housing Authority in order for approval. If proper notice to the participant and Florence Housing Authority is not provided and/or the unit is not in compliance with National Standards for the Physical Inspection of Real Estate (NSPIRE), the rent increase cannot be effective on the requested effective date. Once we receive the proper notice, we will inform you if your rent increase request is approved.

Owners, agents and property managers are required to submit two (2) documents in order for Florence Housing Authority to process a rent increase:

- 1.) Florence Housing Authority's Landlord Rent Adjustment Request Form, which is available on our website at www.flohousing.org or in our office.
- 2.) A copy of the written rent increase notice to the tenant.

This is to be submitted to Florence Housing Authority at the following email address: section8@flohousing.org, faxed, or mailed to our office. Each unit will be processed individually for a rent increase. If an owner, agent, or property manager has more than one unit and wants a rent increase on several units at the same time, the Rent Increase Procedure will be followed for each individual unit. The owner, agent, or property manager will need to submit both the Landlord Rent Adjustment Request Form and a copy of the written rent increase notice for each tenant and unit.

Group rent adjustments are not allowed.

The rent increase request will then go through the Rent Reasonableness process. There is a limit on the amount of rent you may request, this being no more than 10% of the current contract rent. Once rents have been approved and deemed reasonable by our staff, we will process the rent increase request for the approved rent effective date.



Florence Housing Authority
Housing Choice Voucher Program
110 South Cypress St., Suite One Florence, AL 35630

Request for Rent Increase Form

OWNER INFORMATION	TENANT INFORMATION
Owner Name:	Tenant Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone Number:	Telephone Number:
Requested Rent:	Current Rent:

1. Building Type:

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Manufactured Home (Mobile)	Number of Bedrooms: _____	Number of Bathrooms: _____
<input type="checkbox"/> Duplex (two combined one story units)	<input type="checkbox"/> Townhouse		
<input type="checkbox"/> Garden/Walk-up Apartments	<input type="checkbox"/> Congregate/SRO	Square Footage: _____	Year Built: _____

2. Amenities/Utilities: **PLEASE DO NOT MARK IN SHADED**

Item	Specify Fuel Type			Provided By	Utility Paid By				
Carpets	Yes	No							
Fireplace	Yes	No							
Air Conditioning	Central	Window							
Disposal	Yes	No							
Dishwasher	Yes	No							
Microwave (if provided by Owner)	Yes	No							
Ceiling Fan(s)	Yes	No							
Handicap Accessibility	Yes	No							
Garage	One Car	Two Car							
Security Door/Windows	Yes	No							
Playground	Yes	No							
Pool	Yes	No							
Carport	Yes	No							
Laundry Facilities/ W & D Hook ups	Yes	No							
Washer/Dryer (if provided by Owner)	Yes	No							
Enclosed Balcony/Patio/Storage Room	Yes	No							
Gated complex/Community	Yes	No							
Pest Control (if serviced by Owner)	Yes	No							
Assigned parking # of spaces _____	Yes	No							
Lawn Care (if serviced by Owner)	Yes	No							
Heating Source	<input type="checkbox"/> Central	<input type="checkbox"/> Wall	<input type="checkbox"/> Space						
Other									

3. Unassisted Units:

If complex has three or more units of same bedroom/bath size, provide three comparable data below on unassisted units that are in the same complex for units currently leased within one year of this request.

Are all units assisted: Yes No Individually Owned: Yes No

Tenant Name (comparable)	Tenant's Phone Number	Rent Amount	Date Rented
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)
Tenant Name (comparable)	Tenant's Phone Number	Rent Amount	Date Rented
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)
Tenant Name (comparable)	Tenant's Phone Number	Rent Amount	Date Rented
Address of Unit (Include Apt #)			# of Bedroom(s)/Bath(s)

As the Owner, I am aware that:
I am not permitted to live in the unit while I am receiving housing assistance payments.
Are you the parent, legal guardian, child, grandparent, sister, brother, stepparent or stepchild of any member of the tenant family? Yes No

Signature Owner Agent Manager

Print Name _____ Date _____ Telephone Number

**Return this form ONLY if you are requesting a rental adjustment. Attach a copy of your notice of rental increase to your tenant.
Please return completed form to Florence Housing Authority Housing Choice Voucher office at least 60 days prior to the effective date of the rent increase.**

Florence Housing Authority Only	
Date Received:	First Year of Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Timely Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lease Expiration Date:
Date of Inspection:	Date Completed:
Date Returned:	