



**Miami-Dade Public Housing Agency  
Housing Choice Voucher Program**  
Florida Quadel, Contractor  
P.O. Box 521750  
Miami, FL 33152-1750  
T 305-403-3222 F 305-629-1032  
TDD/TTY Florida Relay Service,  
800-955-8771 or Dial 711  
**miamidade.gov**

## REQUEST FOR RENT INCREASE

**1. TO BE COMPLETED BY PROPERTY OWNER (PLEASE PRINT OR TYPE)**

Tenant's Name \_\_\_\_\_  
 Rental unit address \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ MDHCV Client # (if known) \_\_\_\_\_  
 Owner's Name \_\_\_\_\_ TIN or SSN \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_ Vendor # \_\_\_\_\_

I am hereby requesting a rent increase on the above rental unit based on the following justification. (In the space below highlight any improvements made to the property, added amenities, etc. Please provide requested overall unit characteristics and amenities below. Do not list maintenance items caused by regular wear and tear.)

\_\_\_\_\_  
 \_\_\_\_\_

	S	S
_____	_____	_____
HAP Contract Anniversary Date	Current Rent	Requested Rent

**GENERAL UNIT INFORMATION**

No. Bedrooms \_\_\_\_\_ No. Bathrooms \_\_\_\_\_ Full  1/2  Unit Size \_\_\_\_\_ square feet

**BUILDING TYPE** Check here if Condo

- High-rise (9 + stories)       Townhouse       Mid-rise (5 - 8 stories)       Duplex/triplex/fourplex
- Garden (1 - 4 stories)       Single family/detached house

**AMENITIES AND SERVICES INCLUDED IN RENT**

- Stove       Refrigerator       Fenced Yard       Dishwasher       Garbage Disposal
- Ceiling Fans       Microwave (in addition to range)       Pest control       W/D Hookups
- Cable       Security System       Washer/dryer       Trash       Pool
- Lawn Care       Gated community       Central A/C       Window/Wall A/C



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**PARKING**

- \_\_\_\_ Car Carport       Assigned       \_\_\_\_ Car Garage       Street       Unassigned       None

**EXTERIOR**

- Balcony                       Patio                       Deck                       Porch

**UNIT QUALITY**

- A. Newly constructed or completely renovated  
 B. Well maintained and/or partially renovated  
 C. Adequate, but some repairs may be needed soon

To the best of my knowledge the information above is correct.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**2. TO BE COMPLETED BY TENANT**

I understand that due to the above rent increase requested by the owner, my rent may be adjusted higher or lower. This is in addition to other adjustments due to changes in income and/or family composition reported at my annual recertification.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

**3. IMPORTANT NOTICE**

- Owners should review the area rental market prior to requesting an adjustment to the contract rent. The rent reasonableness analysis to be conducted by MDHCV may yield results equal, higher, or lower than the current contract rent.
- MDHCV may limit and/or deny rent increase requests due to funding availability or restrictions.
- Request for rent increases must be requested at least 60 days before the anniversary of the lease for the new rent to be effective on the anniversary date. A late request will be processed, but will be effective on the first of the month 60 days subsequent to the request date, and will not be applied retroactively.
- MDHCV may require Owners of multi-unit rental projects to provide a rent roll.
- MDHCV shall not grant a rent increase unless the Owner has complied with obligations under the HAP contract, including compliance with the HQS for all contract units.