



The Housing Authority
of the City of Jacksonville

Request for Rent Increase
By Landlord/Owner

Date: _____

Name of Landlord/Owner/Apt. Community requesting Rent Increase:

Fax Number or E-mail Address or Mailing Address:

Name/Address of Resident: _____

Amount of (requested) new Rent: \$ _____

Date the Increase is scheduled to go into effect: _____

(Must provide a 60-day notice to both resident and Housing Authority)

Reason(s) requesting rent increase:

Signature of Landlord/Agent

Date

PLEASE FAX/EMAIL/MAIL TO THE JACKSONVILLE HOUSING AUTHORITY. YOU SHOULD RECEIVE A REPLY WITHIN 14 CALENDAR DAYS. PLEASE CONSIDER THIS WHEN MAKING A REQUEST.

Jacksonville Housing Authority will complete the Section below and fax/email/mail back to you within 14 calendar days

_____ Rent Reasonableness conducted on _____
(date)

_____ Rent amount requested Passed or Failed RR Requirements
(P or F)

_____ Rent Increase Approved or Denied
(A or D)

Section 8 Coordinator Signature

Date