

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 received)

COUNSELOR:

- ___ Erika Bell
- ___ Cynthia Brown
- ___ Marcia Davis
- ___ Jasmine Humes
- ___ Catherine Willis

Cassandra Bell

For Office Use Only

Market Area **\$Zone**
 Fair Market Rent **\$\$AFMR**
 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 to (954)785.7219. You may email rentincrease@hapb2.org to confirm receipt. A reply will be provided within (30) days of your request. All request must be submitted (65) days prior to lease expiration. Please include an explanation of reason for your request.

Date:

RE-EXAM:

Tenant Name:

No. of Bedrooms:

No. of Bathrooms:

Unit Address

Square Footage: _____ **Year Built:** _____ **RENT: Current \$** _____ **Increase to \$** _____

LANDLORD: _____

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):

(Parking-Indicate type & how many)

- | | | |
|---|--|--------------------------------|
| ___ Central Air Conditioner/Heating | ___ Microwave (Provided by OWNER) | ___ Off Street Parking # _____ |
| ___ Central Air Conditioner (ONLY) | ___ Refrigerator | ___ Covered Parking # _____ |
| ___ Window/Wall AC Provided | ___ Stove | ___ Assigned Parking # _____ |
| ___ Space/Portable Heater/Fireplace | | ___ Unassigned Parking # _____ |
| ___ Ceiling Fans | ___ Cable TV or Hook-Up | ___ Florida or Family Room |
| ___ Onsite Laundry | | ___ Gated Community |
| ___ Washer/Dryer In Unit | ___ Patio __, Balcony __, Porch__ | ___ Fenced/Controlled Property |
| ___ Dishwasher | ___ Lawn Care PAID by (Tenant or Landlord) | ___ Swimming Pool |
| ___ Garbage Disposal | ___ Pest Control PAID by (Tenant or Landlord) | |

Fuel Source for UNIT:

Utilities paid by:

	Heating	Hot Water	Cooking		Owner	Tenant
Electric	___	___	___	Electric	___	___
Gas	___	___	___	Gas	___	___
Propane	___	___	___	Water/Sewer	___	___
				Sanitation/Trash	___	___

Request: **Approved** **Denied** by Cassandra Bell, Executive Assistant _____ Date: _____

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ATTENTION LANDLORD/REPRESENTATIVE

- 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.

*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 (65) 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 (65) 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

THINGS YOU NEED TO KNOW



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WHEN REQUESTING A RENTAL INCREASE

FOR YOUR TENANT AND OUR HCV (SECTION 8) PARTICIPANT

- 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) 785-7219

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. After the Rent Reasonableness Comparable transaction is completed 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.

Should you have any question or need further information, please contact our offices at (954) 785-7200 extension 236 between the hours of 7:00 am to 5:30 pm, M-TH.

Sincerely,
Cassandra Bell
Executive Assistant