

# THE HOUSING AUTHORITY

of the City of Daytona Beach

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Ms. Terril Bates  
Chief Executive Officer

## CONTRACT RENT ADJUSTMENT REQUEST FORM

This form is used to request a change in the contract rent. The request does not guarantee that a contract rent increase will be granted. The contract rent must be determined reasonable to assure the rent charged for the unit is comparable with other unassisted units of similar type *24 CFR 982.507(b)*.

**Please note:** If HACDB determines that the current contract rent is higher than the new Reasonable Rent then **the result will be a decrease to the new contract rent.**

Owner Name: \_\_\_\_\_ Owner ID: \_\_\_\_\_

Contract Renewal Date: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner City, State, Zip: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Zip: \_\_\_\_\_

To request a contract rent adjustment, this form must be completed and submitted to the HCVP Office between 60 to 90 days prior to the tenant reexamination date (*this date coincides with the end of your initial lease agreement*). Any approved changes made to the contract rent will be made effective on the next reexamination date.

Prior to approval of any contract rent adjustment, the unit must have a "pass" rating on the recent HQS inspection. If the unit has not passed an HQS inspection within the past 30 days your unit will need to be inspected and must pass before your rent increase request can be processed.

### To Be Completed By Owner/Agent

Has the responsibility for the utilities been changed during the past year?  Yes  No

If yes, when (mm/dd/yyyy)? \_\_\_\_\_

Which utility (ies)/fuel type?  
\_\_\_\_\_  
\_\_\_\_\_

What is the proposed new rent for the specified unit and tenant?

\$ \_\_\_\_\_

**Owner Acknowledgement:** By executing this request, the owner certifies that the unit is in decent, safe and sanitary condition and that he/she is in compliance with the terms and conditions of the lease. The owner understands that if DBHA determines that the current contract rent is higher than the new Reasonable Rent determination then **the result will be a decrease to the new contract rent.**

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

**Tenant Acknowledgement:** I have reviewed this form and the information is accurate. I am aware of the adjustment in contract rent the owner has requested and that this request may result in an increase in my portion of the rent.

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

***Return this completed form to Housing Authority of the City of Daytona Beach***



EQUAL HOUSING OPPORTUNITY

