



Owner/Agent Signature Date

RENT INCREASE REQUEST FORM

Submit this completed form by mail, e-mail, or fax.
Lakeland Housing Authority, 430 Hartsell Ave., Lakeland, FL 33815
Facsimile (863) 413-2977 · Section8@lakelandhousing.org

Rent Increase Policy: This Rent Increase Request form must be submitted at least sixty (60) days prior to the effective date of the rent increase. You may not increase the family's share without prior written approval from The Lakeland Housing Authority (LHA).

Rent Reasonableness Policy: Per federal regulation 24 CFR 982.507 the LHA will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for a Section 8 assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Family notification: The owner is responsible to notify the family. You may not increase the

Family Name

Street Address Apt# Complex Name, if applicable

City State Zip Code

Property Description and Rent Information:

Current Rent Amount: _______ Requested Rent Amount: ______

Effective Date: ______ (1st of the month following 60 days)

Owner or Company Name Owner/Vendor# Main Telephone #

Email Address Agent Name (if applicable) Telephone Number