



Gainesville Housing Authority  
Section 8 Housing Choice Voucher  
Owner/Landlord Rent Increase Request

Date: \_\_\_\_\_

Name of Landlord/Owner/Apt. Community Requesting rent increase:

\_\_\_\_\_  
Fax# or Mailing Address: \_\_\_\_\_  
(Of Landlord)

Name of Resident: \_\_\_\_\_  
(To be affected by rent increase)

Address of Resident: \_\_\_\_\_

Amount of (requested) new rent amount \$ \_\_\_\_\_ an increase of \$ \_\_\_\_\_ per month

Date the increase is scheduled to go into effect: \_\_\_\_\_  
(Must provide a 60 day written notice to both resident and Gainesville Housing Authority)

The reason(s) for the requested rent increase: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Landlord/Owner*

\_\_\_\_\_  
*Date Signed*

**PLEASE FAX TO GAINESVILLE HOUSING AUTHORITY AT 940.665.8787. YOU SHOULD RECEIVE A REPLY WITHIN 7 WORKING DAYS. PLEASE CONSIDER THIS WHEN MAKING THE REQUEST**

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The Gainesville Housing Authority will complete the section below and fax or mail back to you within 7 business days

\_\_\_\_\_ Rent Reasonableness conducted on \_\_\_\_\_  
(enter date)

\_\_\_\_\_ Indicate whether rent amount requested passed or failed RR requirements  
(P or F)

\_\_\_\_\_ Rent increase approved or denied  
(A or D)

\_\_\_\_\_  
Vernon Smith  
HQS Inspector  
Cc: file