



Pinellas County Housing Authority

11479 Ulmerton Road, Largo, FL 33778

Phone: 727.443.7684 • TDD: 800.955.8770

Fax: 727.441.3384 • TTY: 800.955.8771

www.PinellasHousing.com

Rental Increase Request Form

The Pinellas County Housing Authority requires accurate information to properly determine the reasonableness of your request. If you are unsure of certain information, such as the year your unit was built, or the square footage, please refer to the Pinellas County Property Appraiser's website: <http://www.pcpao.org>.

This request MUST be received 60 DAYS PRIOR to the lease-end date in order to be considered for approval.

Tenant First: _____ Last: _____ Housing Advisor: _____

Unit Address: _____, _____, _____

Current Rent: \$ _____ Requested Rent: \$ _____ Unit Type: _____

Unit Information

Utilities are paid by... (choose landlord or tenant)

of Bedrooms: _____

Electric: _____

of Bathrooms: _____

Water: _____

Year Built: _____ (Full Year, Ex. 1974)

Sewer: _____

Square Feet: _____

Trash: _____

Amenities: (Circle all that applies)

Kitchen:	Refrigerator	Stove	Dishwasher	Microwave	Garbage Disposal	Granite Counters
Windows:	Energy Efficient	Jalousie	Standard	Hurricane Protected	Other: _____	
Accessibility:	Transportation	Stores	Schools	Medical Facilities	Other: _____	
Extras:	Fenced Yard	Fireplace	Pool	Central Heat/Air	Window A/C Unit	
	Laundry Facilities	Ceiling Fans	Storage Shed	Vaulted Ceilings	W / D connections	

Remodeled? If so, please specify year and renovations made:

Please provide the reason for your requested increase:

Landlord First: _____ Last: _____ Phone: _____

Address: _____, _____, _____

Landlord's Signature

Date

Tenant Acknowledgement:

I, the tenant at the above address, understand that my landlord is requesting an increase, and if approved, the increase will go into effect at my annual recertification and may affect my portion of rent.

Tenant's Signature

Date

PCHA USE ONLY: Received _____ Submitted _____ Annual _____ **Approved** **Denied**