

**Boley Centers, Inc.**  
**445 31<sup>st</sup> Street North**  
**St. Petersburg, FL 33713**  
**Phone: (727)-821-4819 Fax: (727) 490-0541**

**Rental Increase Request Form**

**Part I. Tenant Information**

Tenant Name: \_\_\_\_\_ Housing Specialist: \_\_\_\_\_

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

**Part II. Owner Information**

Owner Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Agent Name & No.: \_\_\_\_\_

**Part III. Property Description and Rent Information**

# of Bedrooms: \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Year Built \_\_\_\_\_ Sq Ft. \_\_\_\_\_

Structure Type:       Single Family Detached       Low-Rise       High Rise  
                                  Row House/TownHouse       Mobile Home       Semi-Detached/Duplex

**Currently** who is responsible for utilities?

**Proposed change** to the responsibility of utilities:

Who Pays?	Owner	Tenant
Electricity	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Trash	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>

Who Pays?	Owner	Tenant
Electricity	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Trash	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>

**Current Rent:** \_\_\_\_\_

**Requested Rent:** \_\_\_\_\_

Please provide reason for your requested increase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Owner/Agent Signature**

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