Message Confirmation Report

Date/Time : AUG-27-2008 12:41PM WED
Fax Number :
Fax Name :
Model Name : 1815dn

No.	Name/Number	StartTime	Time	Mode	Page	Result
584	3052505246	08-27 12:39PM	01'31	ECM	003/003	O.K

Premier Management & Investments, Inc.
3910 WEST FLAGLER STREET
MIAMI, FL 33134

FACSIMILE TRANSMITTAL SHEET

TO: Adriana Espinoza / Margaret Hall	FROM: Premier Management, Inc. - Robert A. Gil
COMPANY: Miami Dade Housing Authority	DATE: 8/27/2008
FAX NUMBER: 305.250.5246/305-634-1934	TOTAL NO. OF PAGES INCLUDING COVER: 03 (three)
PHONE NUMBER: 305.532.6401	SENDER'S REFERENCE NUMBER:
RE: Rent Increase	YOUR REFERENCE NUMBER:

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☑ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Dear Ms. Espinoza / Ms. Hall :

Please find one completed rent increase forms for our tenant that is due for new lease on December 1st, 2008. In addition to, I will be sending a copy of the fax via mail to the customer service center at 5200 NW 22nd Avenue.

Should you have any questions please feel free to contact me at the information below.

Thank You,

Robert A. Gil

Robert A. Gil
robert@robertagil.com
Off: 305.443.2525, ext. 108
Fax: 305.443.2728
Cell: 305.283.7781

Signature: _____

Received by: _____

Date: _____

Message Confirmation Report

Date/Time : AUG-27-2008 12:37PM WED
Fax Number :
Fax Name :
Model Name : 1815dn

No.	Name/Number	StartTime	Time	Mode	Page	Result
582	3056361936	08-27 12:36PM	00'58	ECM	003/003	O.K

Premier Management & Investments, Inc.
3910 WEST FLAGLER STREET
MIAMI, FL 33134

FACSIMILE TRANSMITTAL SHEET

TO: Adriana Espinoza / Margaret Hall	FROM: Premier Management, Inc. - Robert A. Gil
COMPANY: Miami Dade Housing Authority	DATE: 8/27/2008
FAX NUMBER: 305.250.5246/305-634-1936	TOTAL NO. OF PAGES INCLUDING COVER: 03 (three)
PHONE NUMBER: 305.532.6401	SENDER'S REFERENCE NUMBER:
RE: Rent Increase	YOUR REFERENCE NUMBER:

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Cell: 305.283.7781

Signature: _____

Received by: _____

Date: _____

Premier Management & Investments, Inc.

3910 WEST FLAGLER STREET

MIAMI, FL 33139

FACSIMILE TRANSMITTAL SHEET

TO: Adriana Espinoza / Margaret Hall	FROM: Premier Management, Inc. - Robert A. Gil
COMPANY: Miami Dade Housing Authority	DATE: 8/27/2008
FAX NUMBER: 305.250.5246/305-636-1934	TOTAL NO. OF PAGES INCLUDING COVER: 03 (three)
PHONE NUMBER: 305.532.6401	SENDER'S REFERENCE NUMBER:
RE: Rent Increase	YOUR REFERENCE NUMBER:

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☑ PLEASE REPLY ☐ PLEASE RECYCLE

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Signature: _____

Received by: _____

Date: _____

MIAMI-DADE HOUSING AGENCY (MDHA)
Private Rental Housing Division

MIAMI-DADE COUNTY

REQUEST FOR ADJUSTMENT TO CONTRACT RENT

1. TO BE COMPLETED BY PROPERTY OWNER (PLEASE TYPE OR PRINT)

Tenant's Name Ana Humphreys — Tenant's No. 0035164
Phone No. 305-443-8151
Rental unit address 3923 West Flagler St. Miami, FL 33134 — Unit # 8 (Eight)
Owner's Name Carlos Gil — Vendor's No. 005612
Address 409 East San Marino Drive
City Miami Beach — State FL — Zip Code 33139
Phone No. 305-534-7740 — Beeper
Cell 305-283-3919 — Fax

I am hereby requesting a rent increase on the above rental unit based on the following justification. (In the space below indicate any improvements made to the property, added amenities, etc. Do not list maintenance items caused by regular wear & tear.)

12/1/2008	$ 928.00	$ 980.00
Renewal Date	Current Rent	Requested Rent

Carlos Gil Jr — Owner's Signature

08/27/2008 — Date

2. TO BE COMPLETED BY TENANT

I understand that due to the above rent increase requested by the owner, my rent may be adjusted higher or lower. This is in addition to other adjustments due to changes in income and/or family composition reported at my annual recertification.

Ana Humphreys — Tenant's Signature

08/26/08 — Date

3. IMPORTANT NOTICE

- Owners should review the area rental market prior to requesting an adjustment to the contract rent. The rent reasonableness analysis to be conducted by MDHA may yield results equal, higher, or lower than the current contract rent. Rent increases approvals will be limited to the lower of eight percent (8%) increase in funding received from USHUD.

- Request for adjustment to contract rent must be requested at least 60 days before the anniversary of the lease for the new rent to be effective on the anniversary date. A late request will be processed, but will be effective on the first of the month 60 days subsequent to the request date, and will not be applied retroactively. **(Owners of multi-unit rental projects must attach a rent roll with this request)**. We encourage owners to submit the request 120 days before the anniversary of the lease.

TO BE COMPLETED BY MDHA STAFF

Requestor _____ Team _____ Date _____

Payment Standard _____ ☐ Property Description ☐ Prior Survey
Utility Allowance _____ ☐ PTXA ☐ Rent Roll
☐ Owners Comparables ☐ Recent HQS Results ☐ Other

Comments _____

Rent authorized $ _____ Date _____

_____
Survey Staff Signature

Revised 06/14/06

MIAMI-DADE HOUSING AGENC . (MDHA)
Private Rental Housing Division

SUBJECT PROPERTY DESCRIPTION

Unit Address 3923 West Flagler St. **Apt.** 8 (Eight) **Year built** 1947
City Miami **Zip Code** 33134 **Tax Folio** 01-4105-011-1190
No. Bedrooms 2 **No. of Bathrooms:** **Full** ☑ **1/2** ☐
Owner/Manager Carlos Gil **Requested Rent $** 980.00
Phone 305-534-7740 **Beeper** _____ **Cell** 305-283-3919 **Fax Number** 305-443-2728

CHECK ALL THAT APPLY

Location
- ☑ Residential
- ☐ Mixed commercial/residential
- ☐ Industrial
- ☐ Rural area

Accessibility to Services
- ☐ Stores
- ☐ Schools
- ☐ Medical facilities

What is the closest transportation? Bus How many blocks away? On the property
What is the nearest cross street to the unit? Flagler Street

Building Type	Check here if Condo
☐ High-rise (9 + stories)	☐
☐ Mid-rise (5 - 8 stories)	☐
☑ Garden (1 - 4 stories)	☐
☐ Townhouse	☐
☐ Duplex/triplex/fourplex	☐
☐ Single family/detached house	

Amenities
- ☑ A/C, stove, refrigerator
- ☐ Carpet
- ☐ Other high-quality floor covering (parquet, hardwood, etc.)
- ☐ High-quality wall covering (paneling, wallpaper, etc.)
- ☑ Ceramic tile
- ☐ Drapes/miniblinds/shades
- ☐ Private patio/deck/balcony/porch
- ☐ Dishwasher
- ☑ Range vent hood
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☑ Pantry or abundant shelving & cabinets
- ☐ Microwave (in addition to range)
- ☐ Double sink
- ☐ High-quality cabinet (age _____)
- ☑ Modern appliances
- ☐ Washer/dryer
- ☐ Double oven
- ☐ Self-cleaning oven
- ☐ Separate tub/shower
- ☐ Other (specify)_____

Building Facilities
- ☐ Security system
- ☐ Cable TV hookup
- ☑ Laundry facilities
- ☐ Covered garage
- ☐ Off-street parking
- ☐ Swimming pool and/or Jacuzzi
- ☐ Clubhouse
- ☐ Exercise facility
- ☐ Playground
- ☐ Lakefront yard
- ☐ Tennis court
- ☐ Storage outside unit
- ☐ Other (specify) _____

Management and Maintenance Services
- ☑ Management
- ☐ Desk service
- ☑ Maintenance staff
- ☑ Ongoing exterior maintenance
- ☐ Ongoing interior maintenance
- ☐ Janitorial services
- ☐ Security guard

OTHER INFORMATION
Is the unit wheelchair accessible? Yes Is the unit designed or adapted with other specific features to make it accessible to disabled persons? Yes Are there differences in the rent charged for units of the same bedroom and bathroom size, depending upon, for example, unit location (balcony vs. patio, inside unit vs. outside unit)?

Is there a Condo/Homeowner Association No. If yes, owner must provide Association approval prior to client move in.

QUALITY
- ☐ A. Newly constructed or completely renovated
- ☑ B. Well maintained and/or partially renovated
- ☐ C. Adequate, but some repairs may be needed soon

To the best of my knowledge the information above is correct.

Carlos Gil, Jr. 08/27/08
Owner/Manager Date

Requestor Date