

Message Confirmation Report

Date/Time : NOV-25-2008 05:06PM TUE
 Fax Number :
 Fax Name :
 Model Name : 1815dn

No.	Name/Number	StartTime	Time	Mode	Page	Result
147	3056361936	11-25 05:04PM	01'19	ECM	003/003	O.K

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 11/25/2008
FAX NUMBER 305.250.5246/305.636.1936	TOTAL NO. OF PAGES INCLUDING COVER 03 (three)
PHONE NUMBER 305.532.6401	SENDER'S REFERENCE NUMBER
RE January Rent Increase	YOUR REFERENCE NUMBER
<input type="checkbox"/> URGENT <input checked="" type="checkbox"/> FOR REVIEW <input type="checkbox"/> PLEASE COMMENT <input type="checkbox"/> PLEASE REPLY <input type="checkbox"/> PLEASE RECYCLE	
NOTES/COMMENTS	

To whom it may concern:

Please find one completed rent increase forms for our tenants that are due for new lease contracts on February 1, 2009. 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: _____

Premier Management & Investments, Inc.

3910 WEST FLAGLER STREET

MIAMI, FL 33139

FACSIMILE TRANSMITTAL SHEET

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RE:	January Rent Increase Feb.	YOUR REFERENCE NUMBER:	

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PREMIER MANAGEMENT & INVESTMENT, INC.

3910 WEST FLAGLER STREET

MIAMI, FL 33134

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



REQUEST FOR ADJUSTMENT TO CONTRACT RENT

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

Tenant's Name Emilio Campo Tenant's No. 0024400
Phone No. 305-631-8510
Rental unit address 3931 West Flagler St. Miami, FL 33134 Unit # 2 (Two)
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.)

01/31/2008 \$ 810.00 \$ 890.00
Renewal Date Current Rent Requested Rent
Carlos Gil 11/25/2008
Owner's Signature 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.

Emilio Campo 11/25/2008
Tenant's Signature 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 _____	<input type="checkbox"/> Property Description	<input type="checkbox"/> Prior Survey	
Utility Allowance _____	<input type="checkbox"/> PTXA	<input type="checkbox"/> Rent Roll	
<input type="checkbox"/> Owners Comparables	<input type="checkbox"/> Recent HQS Results	<input type="checkbox"/> Other	
Comments _____			
Rent authorized \$ _____		Date _____	
		Survey Staff Signature _____	

MIAMI-DADE HOUSING AGENCY (MDHA)

Private Rental Housing Division



SUBJECT PROPERTY DESCRIPTION

Unit Address 3931 West Flagler St. Apt. 2 (Two) Year built 1947
 City Miami Zip Code 33134 Tax Folio 01-4105-011-1190
 No. Bedrooms 1 No. of Bathrooms: Full ☒ 1/2 ☐
 Owner/Manager Carlos Gil Requested Rent \$ \$890.00
 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

- ☐ High-rise (9 + stories)
☐ Mid-rise (5 - 8 stories)
☒ Garden (1 - 4 stories)

Check here if Condo ☐

- ☐ Townhouse
☐ Duplex/triplex/fourplex
☐ Single family/detached house

Check here if Condo ☐

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 11/25/2008
 Owner/Manager Date

Requestor Date

P.O. Box 521750
Miami, FL 33152-1750
Phone- 305-403-0322
Fax- 305-629-1032
Website- miamidade.gov/housing

**Miami Dade Housing
Choice Voucher
Program**

Posted
04/17/09

Fax

To: Robert Gil From: Wanjohi Kiberenge
Fax: 305 443 2728 Pages: _____
Phone: _____ Date: _____
Re: _____ CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Rent Change Notification for Mr. Campos effective
05/01/09. The same will be mailed to Mr. Campos.



Public Housing Agency
Housing Choice Voucher Program
Florida Quadel, Contractor
P.O. Box 521750
Miami, FL 33152-1750
T 305-403-3222 F 305-629-1032
TDD/TTY Florida Relay Service,
800-955-8771 or Dial 711
miamidade.gov

**¡Este documento es importante, tradúzcalo inmediatamente!
Dokiman sa a enpôtan, tradui li tousuit!**

Tenant and Owner Notification of HAP/Lease Change

The following changes in provisions in the Lease and in the Housing Assistance Payments (HAP) Contract are Effective 05/01, 2009, and are incorporated in full in the lease between:

Tenant (Lessee)

Emilio Campos

CLIENT ID: 000300691

3931 W Flagler St Suite 2

Coral Gables, FL 33134

Owner (Lessor)

Robert A. Gil

3910 West Flagler Street

Miami, FL 33134

and also in the HAP Contract between the Lessor and the Miami-Dade Housing Choice Voucher Program.

In case of any conflict between these and other provisions or prior changes to provisions of the Lease and the HAP Contract, these provisions shall prevail:

1. Monthly payments

- The contract rent shall be \$ 810.00
- Of the contract rent \$ 635.00 shall be payable by MDHCV on behalf of the Lessee.
- The amount of \$ 175.00 shall be payable by the Tenant (Lessee) to the Owner (Lessor).
- In addition, MDHCV shall pay \$ 0.00 toward Family paid utilities.

- 2. All other provisions of the Contract not modified by this Notice shall remain the same. The adjustments as outlined above have been made in accordance with the provisions of Section 3 of the Housing Assistance Payment Contract and do not require the signature of the Owner or the Family Representative.**

This Notice is presented to you in accordance with the terms and conditions of the Housing Assistance Payments Contract and/or the Lease Agreement; therefore, this Notice shall be attached to and be made



Carlos Alvarez, Mayor

Public Housing Agency
Housing Choice Voucher Program
Florida Quadel, Contractor
P.O. Box 521750
Miami, FL 33152-1750
T 305-403-3222 F 305-629-1032
TDD/TTY Florida Relay Service,
1-800-352-7171 or Dial 711
miamidade.gov

- a part of your Housing Assistance Payment contract. All other covenants, terms and conditions of the original Housing Assistance payments contract and/or Lease Agreement remain the same.
3. The family representative hereby acknowledges the information to a MDHCV representative as required by Section 882.118. The Family understands that after verification of this information the portions of the rent paid by this family and MDHCV will be calculated in accordance with 24CFR Part 812, 813, and 882.

The results of the calculation will be stated in the rent structure listed above.

The family understands that a copy of this form will be sent to the Owner and this Family as notification of the change. If the change results in a decrease in the Housing Assistance Payment, the family has the right to a hearing to discuss the calculations by following the approved hearing procedure.

4. Reason for change: (check one)

- ☐ Annual Adjustment
☐ Special Adjustment
☒ Other interim adjustment

Your contract expiration date is now _____, 20_____.

Date prepared: 06/17/09

By: Wanjohi Kiberenge
Miami-Dade Housing Choice Voucher Staff

Distribution: File Copy

Owner Copy

Tenant Copy – *If you need assistance to translate this document, please call 305.403.3222 between 8:30 am and 5:00 pm, Monday through Friday.*

Delivering Excellence Every Day