

## Message Confirmation Report

Date/Time : NOV-27-2007 01:15PM TUE  
 Fax Number :  
 Fax Name :  
 Model Name : 1815dn

No.	Name/Number	StartTime	Time	Mode	Page	Result
283	3052505026	11-27 01:14PM	00'42	ECM	003/003	O.K

LAW OFFICE OF  
 CARLOS A. GIL, P.A.  
 3910 WEST FLAGLER STREET, SUITE 100  
 MIAMI, FLORIDA 33134  
 PHONE: 305-443-2525  
 FAX: 305-443-2728

FACSIMILE TRANSMITTAL SHEET	
TO MOH DENTAL INC. DEPT.	FROM Robert A. Gil
COMPANY MIAMI DENTAL SERVICES	DATE Nov. 27, 2007
FAX NUMBER 305-250-5026	TOTAL NO. OF PAGES INCLUDING COVER 3
PHONE NUMBER	SENDER'S TELEPHONE NUMBER 200105
RE Rent Increase	YOUR REFERENCE NUMBER

11/27/2007

Please find the rental increase for MARTIN CAMPOS which resides at 3931 W. FLAGLER ST., Apt. 2. Please note the 60 days grace period.

Should you have any questions feel free to contact me at 305.283.4281

*Robert A. Gil*  
 Robert A. Gil

LAW OFFICE OF  
CARLOS A. GIL, P.A.  
3910 WEST FLAGLER STREET, SUITE 100  
MIAMI, FLORIDA 33134  
PHONE: 305-443-2525  
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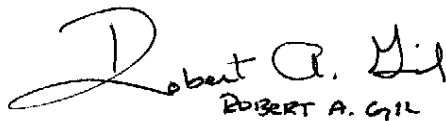
FACSIMILE TRANSMITTAL SHEET

TO	FROM
MDH RENTAL INC. DEPT.	Robert A. Gil
COMPANY	DATE
MIAMI DADE HOUSING	Nov. 27. 2007
TAX NUMBER	TOTAL NO. OF PAGES INCLUDING COVER
305-250-5026	3
PHONE NUMBER	SENDER'S REFERENCE NUMBER
—	R00105
RE	YOUR REFERENCE NUMBER
Rent Increase	—

11/27/2007

Please find the rental increase for MARTA CAMPOS which resides at 3931 W. FLAGLER ST., Apt. 2. Please note the 60 days GRACE PERIOD.

Should you have any questions feel free to contact me at 305.283.7781

  
ROBERT A. GIL

**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 MARTA CAMPO Tenant's No. 0024400  
 Phone No. 305-1031-8510  
 Rental unit address 3731 WEST FLAGLER STREET Unit # 2 (TUXO)  
 Owner's Name PREMIER MANAGEMENT - 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 - 305-283-3919 Beeper \_\_\_\_\_  
 Cell 305-283-7781 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.)

\_\_\_\_\_

<u>1/31/2008</u> Renewal Date	<u>\$ 810.00</u> Current Rent	<u>\$ 875.00</u> Requested Rent
<u>[Signature]</u> Owner's Signature		<u>11/19/07</u> 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.

<u>[Signature]</u> Tenant's Signature	<u>11/19/07</u> 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 W. FLAGLER ST Apt. 2 (Two) Year built 1947  
 City MIAMI Zip Code 33134 Tax Folio 21-4105-01-1190  
 No. Bedrooms 1 No. of Bathrooms: Full  1/2   
 Owner/Manager CARLOS GIL Requested Rent \$ 875.00  
 Phone 305-247-7740 Beeper — Cell 305-283-7781 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 LOCATION  
 What is the nearest cross street to the unit? FLAGLER ST

**Building Type**

- |                                                            |                                              |                                                       |                                              |
|------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> High-rise (9 + stories)           | Check here if Condo <input type="checkbox"/> | <input type="checkbox"/> Townhouse                    | Check here if Condo <input type="checkbox"/> |
| <input type="checkbox"/> Mid-rise (5 - 8 stories)          | <input type="checkbox"/>                     | <input type="checkbox"/> Duplex/triplex/fourplex      | <input type="checkbox"/>                     |
| <input checked="" type="checkbox"/> Garden (1 - 4 stories) | <input type="checkbox"/>                     | <input type="checkbox"/> Single family/detached house |                                              |

**Amenities**

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

**Building Facilities**

- |                                                        |                                                |
|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Security system               | <input type="checkbox"/> Clubhouse             |
| <input type="checkbox"/> Cable TV hookup               | <input type="checkbox"/> Exercise facility     |
| <input checked="" type="checkbox"/> Laundry facilities | <input type="checkbox"/> Playground            |
| <input type="checkbox"/> Covered garage                | <input type="checkbox"/> Lakefront yard        |
| <input type="checkbox"/> Off-street parking            | <input type="checkbox"/> Tennis court          |
| <input type="checkbox"/> Swimming pool and/or Jacuzzi  | <input type="checkbox"/> Storage outside unit  |
|                                                        | <input type="checkbox"/> Other (specify) _____ |

**Management and Maintenance Services**

- |                                                       |                                                                  |
|-------------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Management        | <input checked="" type="checkbox"/> Ongoing exterior maintenance |
| <input type="checkbox"/> Desk service                 | <input type="checkbox"/> Ongoing interior maintenance            |
| <input checked="" type="checkbox"/> Maintenance staff | <input type="checkbox"/> Janitorial services                     |
|                                                       | <input type="checkbox"/> 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.

Robert A. Gil 11/19/07  
 Owner/Manager Date

\_\_\_\_\_  
 Requestor Date