

Message Confirmation Report

Date/Time : JUL-31-2008 04:39PM THU
Fax Number :
Fax Name :
Model Name : 1815dn

No.	Name/Number	StartTime	Time	Mode	Page	Result
412	3052505246	07-31 04:35PM	03'11	ECM	005/005	O.K

Premier Management & Investments, Inc.

3910 WEST FLAGLER STREET
MIAMI, FL 33139

FACSIMILE TRANSMITTAL SHEET

TO: Adriana Espinoza	FROM: Premier Management, Inc. - Robert A. Gil
COMPANY: Miami Dade Housing Agency	DATE: 7/31/2008
FAX NUMBER: 305.250.5246	TOTAL NO. OF PAGES INCLUDING COVER: 05 (five)
PHONE NUMBER:	SLIPPER REFERENCE NUMBER:
RE: Rent Increase	YOUR REFERENCE NUMBER:

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

NOTES/COMMENTS:

Dear Ms. Espinoza:

Please find two completed rent increase forms for our tenants that are due for new contracts on October 1st, 2008. In addition to, I will be sending a copy of these faxes 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 & INVESTMENT, INC.
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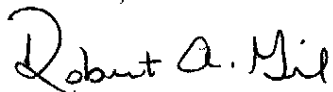
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3910 WEST FLAGLER STREET

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 Gloria Escobar Tenant's No. 0028651
Phone No. 786-234-5075
Rental unit address 3935 West Flagler St. Miami, FL 33134 Unit # 3 (Three)
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.)

11/01/2008 \$ 810.00 \$ 875.00
Renewal Date Current Rent Requested Rent
Carlos Gil 07/31/2008
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.

Gloria Escobar 07/31/08
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 (....DHA)

Private Rental Housing Division



SUBJECT PROPERTY DESCRIPTION

Unit Address 3935 West Flagler St. Apt. 3 (Three) 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 \$ \$875.00
 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 02/31/08
 Owner/Manager Date

Requestor _____ Date _____



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,
800-955-8771 or Dial 711
miamidade.gov

**iEste documento es importante, tradúzcalo inmediatamente!
Dokiman sa a enpòtan, 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 **November 1, 2009**, and are incorporated in full in the lease between:

Tenant (Lessee)

GLORIA ESCOBAR

3937 W. FLAGLER

SUITE 3

MIAMI, FL 33134

CLIENT ID: 122556

Owner (Lessor)

PREMIER MANAGEMENT AND INVESTMENT INC

409 E. SAN MARINO DR.

MIAMI BEACH, FL 33139-1109

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

- a. The contract rent shall be \$ **810.00**
- b. Of the contract rent \$ **703.00** shall be payable by MDHCV on behalf of the Lessee.
- c. The amount of \$ **107.00** shall be payable by the Tenant (Lessee) to the Owner (Lessor).
- d. 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 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.

Delivering Excellence Every Day