



Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - TEL: (510) 747-4300 - FAX: (510) 522-7848 - TDD: (510) 522-8467

Dear Property Owner or Manager,

The Housing Choice Voucher Program regulations state that the Owner may request an increase in the rent after the initial lease term. The Owner needs to provide the tenant and Housing Authority with written notice of at least 60 (sixty) days in advance of the effective date.

In addition to completing this form, we also require that you submit:

- Unit Information Sheet
- Current Rent Roll
- A copy of the 60 day notice you gave to the tenant

If you have questions, please call: **Ellen Green (510) 747-4327**

REQUEST FOR RENT INCREASE

I am proposing an increase in the Contract Rent for the following unit leased through the Section 8 Program.

Current Contract Rent: \$_____ Proposed Contract Rent: \$_____

Tenant Name: _____
 Street Address: _____
 City, Zip _____

I am also proposing the following changes in the terms and/or conditions of the lease:

This rent adjustment and any changes in the terms or conditions of the lease shall be effective on _____.

Name of Owner/Manager Authorized Agent

Owner Street Address	City	State	Zip
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Tax payer's I.D. Number or SSN

Telephone Number

Signature of Owner/Manager/Agent

Date

Unit Information Sheet

Tenant Name: _____

Unit Address: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage: _____

Use the chart below to determine the unit size

Small
 Medium
 Large

Unit	Square Footage	Size
Studio (0) Bedroom	0-450	Small
	451-600	Medium
	601 +	Large

One (1) Bedroom	0-500	Small
	501-750	Medium
	751 +	Large

Two (2) Bedroom	0-650	Small
	651-950	Medium
	951 +	Large

Unit	Square Footage	Size
Three (3) Bedroom	0-1000	Small
	1001-1500	Medium
	1501 +	Large

Four (4) Bedroom	0-1300	Small
	1301-1850	Medium
	1851 +	Large

Five (5) Bedroom	0-1500	Small
	1501-1950	Medium
	1951 +	Large

Year of Construction: _____

Age of unit

(How many years since the last major remodel?)

- 0-5 years 6-20 years
 21-50 years 50+ years

Building Type:

- Single Family or Duplex
 Multi-unit dwelling (Apt/Condo, Triplex, 4plex)

Unit Amenities Provided by Owner (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Dishwasher
<input type="checkbox"/> Ceiling Fans
<input type="checkbox"/> Central Air Conditioner
<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Covered / Off Street Parking
<input type="checkbox"/> Window Air Conditioner
<input type="checkbox"/> Washer/Dryer Hookups (in unit)
<input type="checkbox"/> Laundry Facilities
<input type="checkbox"/> Working Fireplace
<input type="checkbox"/> Carpeting | <input type="checkbox"/> Refrigerator
<input type="checkbox"/> Range
<input type="checkbox"/> Unit is Cable Ready
<input type="checkbox"/> Security System
<input type="checkbox"/> Modern appliances
<input type="checkbox"/> Energy Efficient Certified Unit
<input type="checkbox"/> Handicap Accessible
<input type="checkbox"/> Other
If other: _____
_____ |
|---|---|

Owner Paid Utilities (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Heating
<input type="checkbox"/> Cooking
<input type="checkbox"/> Other Electric
<input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Water Heating
<input type="checkbox"/> Water
<input type="checkbox"/> Sewer
<input type="checkbox"/> Trash Collection |
|--|---|

***Housing Services:** Landlord Provides Service No service provided

** Example: Accept parcel deliveries, provide lock out services, etc.*

Maintenance: On-site Maintenance Staff Off-site Maintenance

For Office Use
7100 7300 7400 7700 _____
CT: _____ L M H
Unit Code: _____
Owner #: _____

60 Day Notice of Rent Increase

Date: _____

To: _____

Address: _____

From: _____

You are hereby notified that as the owner/manager of the dwelling unit you lease at the above mentioned address, we are increasing the contract rent to be effective sixty (60) days from the date of service of this letter or _____ 1st, 201____, (whichever is later).
Month

The changes we are proposing to your current lease include:

✓ Increase in the contract rent to \$_____ per month.

We value your residency and hope you will continue to reside here. Contact your Housing Specialist to see if there is any change in your tenant portion of rent.

Sincerely,

Owner/Manager

cc: Tenant File

cc: Housing Authority