

CITY OF ALAMEDA
 RENT REVIEW ADVISORY COMMITTEE
 (510) 747-4316 – (510) 522-7538 – TDD
 FAX: (510) 864-0879
RENTAL INCREASE COMPLAINT

PLEASE RETURN BY THE 20th OF THE MONTH TO ENSURE THAT CASE CAN BE HEARD AT THE NEXT MEETING. OWNER AND MANAGER WILL RECEIVE MEETING NOTICE AND COPY OF FORM.

1. Renter's Name _____
2. Address _____
3. How long at above address? _____ 4. Phone: (H) _____
 Lease _____ Month-to-Month _____ (W) _____
5.

RENTAL HISTORY	DATES (Month & Year)	AMOUNT
A. Effective date of new rent	_____	\$ _____
B. Present rent: From _____ to _____	_____	\$ _____
C. Former rent: From _____ to _____	_____	\$ _____
D. Former rent: From _____ to _____	_____	\$ _____
6. Do you receive Section 8 Housing Choice Voucher rental assistance? No _____ Yes _____
7. In the past 18 months, has the building changed ownership? Yes ___ No ___ Don't Know _____
8. Have all the units had rent increases? Yes _____ No _____ Don't Know _____
9. Number of Units in building? _____ Stories _____ Approximate Age _____
10. Check utilities included in rent: Gas _____ Electricity _____ Water _____ Cable TV _____
11. Check information concerning your unit:
 - A. Furnished? Yes ___ No ___
 - B. How many Bedrooms? _____
 - C. How many Baths? _____
 - D. Number of occupants when you moved in? Adults _____ Children _____ Pets _____
 - E. Current number of occupants? Adults _____ Children _____ Pets _____
 - F. Amenities: Elevator _____ Parking: Off Street _____ Covered _____ Garage _____
 Security Building _____ Pool _____ (heated) _____ Other _____
12. Maintenance of Building: Excellent ___ Good _____ Poor _____
13. Owner's Name: _____ Phone _____
 Address: _____
14. Manager's Name: _____ Phone _____
 Address: _____

SIGNATURE _____ DATE _____

PLEASE COMPLETE OTHER SIDE

PLEASE RETURN THIS FORM TO:

**Rent Review Advisory Committee
 Attn: Susie Brown
 701 Atlantic Avenue
 ALAMEDA, CA 94501**

