

PHONE:	(510) 747-4300
FAX:	(510) 522-7848
TTY/TRS:	711

701 Atlantic Avenue • Alameda, California 94501-2161

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 the Housing Authority with written notice of at least 60 (sixty) days (2 full calendar months) in advance of the effective date.

- All rent changes will take effect on the first of the month.
- <u>All</u> of the following documents must be submitted at least 60 days in advance of the effective date.
- Late submissions will delay the effective date of the rent increase.

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

- Current Rent Roll
- Unit Information Sheet
- A copy of the 60 day notice you gave to the tenant. Owner/Mgr., please make sure the 60-day notice is signed.

If you have questions, please call: Reception, (510) 747-4300.

REQUEST FOR RENT INCREASE					
I am proposing an increase in the Contra the Section 8 Program.	act Rent for the f	ollowing unit leas	ed through		
Current Contract Rent: \$	Proposed Contr	act Rent: \$			
Street Address:			-		
I am also proposing the following change	es in the terms a	nd/or conditions o	of the lease:		
(All rent changes take effect on the 1 st of the This rent adjustment and any changes ir effective on	,	nditions of the lea	ase shall be		
Name of Owner/Manager Authorized Agent					
Owner Street Address	City	State	Zip		
Email Address		Telephone Number			
Signature of Owner/Manager/Agent		Date			

RENT ROLL INFORMATION SHEET

TENANT:_____

UNIT ADDRESS:

Unit Information/Amenities	INSTRUCTIONS: Please include <u>ALL</u> of the units in the building. If single family, please include. This includes Section 8 assisted units and non-assisted units.							
	Unit #1	Unit #2	Unit #3	Unit #4	Unit #5	Unit #6	Unit #7	Unit #8
Is Unit Current S8 Rental?								
# Years Current Tenant In This								
Unit?								
# of Bedrooms								
# of Bathrooms								
Estimated Square Footage								
Current Monthly Rent	\$	\$	\$	\$	\$	\$	\$	\$
Proposed Rent Increase	\$	\$	\$	\$	\$	\$	\$	\$

Property Owner/Manager Certification

In accordance with regulations and the Housing Assistance Payments Contract, I certify that the information provided is true and complete. The proposed rent does not exceed the rent charged for comparable, unassisted units in the premises, and the unit and premises are maintained in accordance with the programs Housing Quality Standards.

Signature

Date

For rent increase to become effective in this month:	The complete rent increase request packet should be submitted no later than:
April 1st (2019)	January 31st (2019)
May 1st (2019)	February 28th (2019)
June 1st (2019)	March 31st (2019)
July 1 st (2019)	April 30th (2019)
August 1st (2019)	May 31st (2019)
September 1st (2019)	June 30th (2019)
October 1st (2019)	July 31st (2019)
November 1st (2019)	August 31st (2019)
December 1st (2019)	September 30th (2019)
January 1st (2019)	October 31st (2018)
February 1st (2019)	November 30th (2018)
March 1st (2019)	December 31st (2018)

UNIT INFORMATION SHEET

Tenant Nam	e:				
Unit Address	s:				
Number of Bedrooms:		Number of Bath	Number of Bathrooms: Sq		
Use the chart t	pelow to determine	□ Small the unit size □ Medium □ Large			
Unit	Square Foota	ige Size	Unit	Square Footage	Size
	0-450	Small		0-1000	Small
Studio (0)	451-600	Medium	Three (3)	1001-1500	Medium
Bedroom	601 +	Large	Bedroom	1501 +	Large
	0-500	Small		0-1300	Small
One (1)	501-750	Medium	Four (4)	1301-1850	Medium
Bedroom	751 +	Large	Bedroom	1851 +	Large
	0-650	Small		0-1500	Small
Two (2)	651-950	Medium	Five (5)	1501-1950	Medium
Bedroom	951 +	Large	Bedroom	1951 +	Large
Age of unit Building Type: (How many years since the last major remodel?) 0-5 years 6-20 years Single Family 21-50 years 50+ years Duplex Multi-unit dwelling (Apt/Contriplex, 4plex)					
Unit Ameniti	es Provided by O	wner (Check all that apply)			
 Ceiling Fans Deck/Balcony/Patio/Porch Fenced Garage Hardwood Floors Laundry F Pool Range 		Laundry Facilities	ral A/C Unit□ Clubhousewasher□ Elevatorge□ Garbage Disposaldry Facilities□ Modern Appliancesge□ Refrigerator		f-street Parking Cert Unit sible irts i ce
Other:					
	Utilities (Check a	ll that apply)			
Heating	g		Water Heating	For Offic	e Use
Cooking		Water	7100 7300 7400	7700	
Other E	Electric (Electric in	side unit)	Sewer	CT: L H	м
Air Conditioning			Trash Collection	_	American Fact
*Housing S * Example: A		dlord Provides Service reries, provide lock out service	□ No service provide es, etc.	d Finder Unit	t Code:

Maintenance: On-site Maintenance Staff

Off-site Maintenance

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, 20__, (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