



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 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.
- All 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: Veronica Jefferson, (510) 747-4318.

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:

(All rent changes take effect on the 1st of the month)

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

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. 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:
November 1, 2015	August 31, 2015
December 1, 2015	September 30, 2015
January 1, 2016	October 31, 2015
February 1, 2016	November 30, 2015
March 1, 2016	December 31, 2015
April 1, 2016	January 31, 2016
May 1, 2016	February 29, 2016
June 1, 2016	March 31, 2016
July 1, 2016	April 30, 2016
August 1, 2016	May 31, 2016
September 1, 2016	June 30, 2016
October 1, 2016	July 31, 2016

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
☐ Duplex
☐ Multi-unit dwelling (Apt/Condo, Triplex, 4plex)

Unit Amenities Provided by Owner (Check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Cable/Internet Ready | <input type="checkbox"/> Carpeting |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Central A/C Unit | <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Covered &or Off-street Parking |
| <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Elevator | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Fenced | <input type="checkbox"/> Garage | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Modern Appliances | <input type="checkbox"/> Playground/Courts |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Washer/Dryer Hookups | <input type="checkbox"/> Window A/C Unit | <input type="checkbox"/> Working Fireplace |
| <input type="checkbox"/> Yard Sprinkler System | | | |

☐ Other: _____

Owner Paid Utilities (Check all that apply)

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

☐ Verified by American Fact Finder

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