

## **Rent Increase Request Form**

Before proceeding, please answer the questions on the Criteria/Information Sheet.

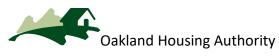
Incomplete requests will be returned without review. Information provided will be verified.

New Total Contract Rent Requested \$						Effective Date		
					<u> </u>			
		Vendor	Informati	on				
Requested by: Owner or Agent Authorized Agent								
Legal Owner				Primary Phone	e #			
				☐Home/☐W	ork			
Email Address				Cell Phone #				
P articipant / Tenant Information (Attach 60-Day Notice)								
Client #	nt # Tenant's Name							
Address			Unit #	Zip	Phone #			
Property & Unit Description								
Structure Type: Single Family Townhouse/Condo Multiple Units, # of Units  Complete the Rent Roll Form on the back if the structure consists of 2+ units, or attach your spreadsheet.								
Unit Size: # Bedrooms # Bathrooms			9	Sq Ft		Yr Built		
Amenities (✓ All That Apply): □ W/D Hook-Up □ Coin-Operated On-Site Laundry □ Disposal □ Dishwash						sposal Dishwasher Gated Community		
Maintenance (Indicate Frequen	cy and Atta	ch Agreement)	: 🗆 Lawn/	'Gardening	□ Pes	t Control		
Utilities & Appliances Provided By: √ O for Owner or √ T for Tenant				List Upgrades & Recent Improvements (Since Last Contract Rent Determination)				
Electricity		□ 0 or □	Т					
Gas		□ 0 or □	Т					
Hot Water		□ 0 or □	Т					
Water		□ 0 or □	Т					
Garbage		□ 0 or □	Т					
Washer Gas or Electric		□ 0 or □	Т					
Dryer ☐ Gas or ☐ Electric ☐ O or		□ 0 or □	Т					
Refrigerator $\square$ 0 or		□ 0 or □	Т					
Stove Gas or Electric O or C		□ 0 or □	Т					
Microwave			Т					
<b>Heating Type</b> : ☐ Floor ☐ Wall ☐ Space ☐ Central								
<b>Heating Source</b> : ☐ Gas ☐ Flectric A/C Type								

Tax Credit Subsidy (Attach Tax Credit Schedule)						
✓ Type:	☐ Tax Credit	□ номе	☐ Section 202	☐ Section 221(d)(3)BMIR)	☐ Section 236	
		AB1482 EX	KEMPTIONS (selec	ct all that apply)		
☐ Tax ☐ Own ☐ SFR, 1. Th     w 2. <u>Th</u> re     19 ☐ N	ith at least one come landlord notifint increase limited (47.12(d)(5)(B)(i) ot Exempt indicate that you	olex  t owned by one orporate mem ed the tenant ations as specifications are exempt dependent.	e of the following: aber AND ber AND in writing that the fically described in	a real estate trust, a corporati tenancy is not subject to the " Civil Code Sections 1946.2I(8) pied Duplex or SFR/Condo stat increase request.	just cause" and (B)(i) and	
Print Name						
Signatura				Data		
Signature				Date		

Return Request by E-mail to: RentalIncrease@oakha.org or by Fax to (510) 587-2131 or by Mail to

Oakland Housing Authority • Leased Housing Department • 1540 Webster Street • Oakland • CA • 94612



## **Rent Increase Request Form**

Rent Roll (Required for 2+ Units on Premise)				
Property Address	Client #			

Unit #/	Number of	Number of	Lease Date/	Monthly	Section 8	Comments
Letter	Bedrooms	Bathrooms	Move-In Date	Contract Rent	Subsized	
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
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