



## 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
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Vendor Information	
Requested by: <input type="checkbox"/> Owner or <input type="checkbox"/> Agent	Authorized Agent
Legal Owner	Primary Phone # <input type="checkbox"/> Home/ <input type="checkbox"/> Work
Email Address	Cell Phone #

Participant / Tenant Information (Attach 60-Day Notice)				
Client #	Tenant's Name			
Address	Unit #	Zip	Phone #	

Property & Unit Description						
<b>Structure Type:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Multiple Units, # of Units _____ <b>Complete the Rent Roll Form on the back if the structure consists of 2+ units, or attach your spreadsheet.</b>						
<b>Unit Size:</b>	# Bedrooms	# Bathrooms	Sq Ft	Yr Built		
<b>Amenities</b> (✓ All That Apply): <input type="checkbox"/> W/D Hook-Up <input type="checkbox"/> Coin-Operated On-Site Laundry <input type="checkbox"/> Disposal <input type="checkbox"/> Dishwasher <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Carport <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Outdoor Lighting <input type="checkbox"/> Gated Community Other Amenities:						
<b>Maintenance</b> (Indicate Frequency and Attach Agreement): <input type="checkbox"/> Lawn/Gardening <input type="checkbox"/> Pest Control						
<b>Utilities &amp; Appliances Provided By:</b> ✓ <b>O for Owner or ✓ T for Tenant</b>			<b>List Upgrades &amp; Recent Improvements</b> <b>(Since Last Contract Rent Determination)</b>			
Electricity	<input type="checkbox"/> O or <input type="checkbox"/> T					
Gas	<input type="checkbox"/> O or <input type="checkbox"/> T					
Hot Water	<input type="checkbox"/> O or <input type="checkbox"/> T					
Water	<input type="checkbox"/> O or <input type="checkbox"/> T					
Garbage	<input type="checkbox"/> O or <input type="checkbox"/> T					
Washer <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T					
Dryer <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T					
Refrigerator	<input type="checkbox"/> O or <input type="checkbox"/> T					
Stove <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T					
Microwave	<input type="checkbox"/> O or <input type="checkbox"/> T					
<b>Heating Type:</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Space <input type="checkbox"/> Central						
<b>Heating Source:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric		A/C Type				

**Tax Credit Subsidy (Attach Tax Credit Schedule)**

✓ Type:    Tax Credit    HOME    Section 202    Section 221(d)(3)BMIR    Section 236

**AB1482 EXEMPTIONS (select all that apply)**

- Property constructed within last 15 years
- Tax Credit/PBV unit
- Owner Occupied Duplex
- SFR/Condo:
  1. The property is not owned by one of the following: a real estate trust, a corporation, or an LLC with at least one corporate member **AND**
  2. The landlord notified the tenant in writing that the tenancy is not subject to the “just cause” and rent increase limitations as specifically described in Civil Code Sections 1946.21(8)(B)(i) and 1947.12(d)(5)(B)(i).
- Not Exempt

If you indicate that you are exempt due to Owner Occupied Duplex or SFR/Condo status, OHA may require additional verification to proceed with the rent increase request.

Print Name

Signature

Date

Return Request by E-mail to: [RentalIncrease@oakha.org](mailto: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

