

RENT INCREASE REQUEST INSTRUCTIONS

Before submitting a rent increase request, please review the following important information.

IMPORTANT INFORMATION FOR THE OWNER/AUTHORIZED AGENT

- **Rent Increase During the Initial Lease Term.** Rent increase changes must be requested in accordance with the Lease and must be made effective after the initial term of the lease.
- **State and Local Rent Control Laws.** In addition to the LACDA's rent reasonableness process, the amount of rent to owner will be subject to rent control limits under State or local law. Owners must ensure the requested rent increase is set in consideration with the laws governing the tenancy.
- **60-day Notice Requirement.** Request for rent increases must be submitted to the LACDA and the tenant at least 60-days prior to the effective date of the rent change.
- **Ensure Sufficient Notice Is Provided.** Rent increase notices must be submitted in writing to your tenant, with a copy to LACDA, at least 60 days in advance of the effective date of an increase, and attached to the Rent Increase Request Form. Please notify your tenant and the LACDA at the same time of your intent to increase the rent. Rent increases will be effective on the first of the month following 60-days of the LACDA's receipt of a copy of the owners notice to the tenant or on the date specified by the own, whichever is later.
- **Owners Certification of Rents Charged.** By accepting each monthly housing assistance payment from the LACDA, the owner certifies that the rent to the owner is not more than rent charged by the owner for comparable unassisted units on the premises. The LACDA may request for an entire rent ledger or specific property information.
- **Wait for LACDA Approval Before Implementing the Increase.** It is important to note that rent increases are not automatically approved. When requesting a rent increase, the LACDA must conduct a rent reasonableness review of the rental market area. The results of the review determine whether or not the request can be approved. This review generally takes an average of 30 days.

REVIEW OF RENTAL MARKET AREA

The LACDA will compare the information provided with information gathered from a third party rent comparable system, affordablehousing.com, to ensure the asking rent is reasonable in relation to current market rents charged by other owners for comparable units in the unassisted market.

SUBMISSION

While the LACDA recommends requests be submitted online via the owner portal, requests may also be Faxed to the Alhambra main office - (626) 943-3850. Requests may be mailed to:

LACDA – Main Office
P.O. Box 1503
Alhambra, CA 91802

LACDA – Antelope Valley Office
2323 E. Palmdale Blvd., Ste. B
Palmdale, CA 93550

RENT INCREASE REQUEST FORM

Owner/Business Name **Primary Phone Number(s)** **Secondary Phone Number(s)**

SECTION TO BE COMPLETED BY OWNER/AUTHORIZED AGENT

Tenant Name

Tenant ID Number

Unit Address

Street

Unit #

City

State

Zip

PART 1: REQUEST

Effective Date: _____

If this unit is subsidized, indicate the type of subsidy:

- ☐ Tax Credit ☐ Section 202
☐ Home ☐ Section 515 Rural Development
☐ Section 221(d)(3) (BMIR) ☐ Other _____ (Describe other subsidy, include state or local subsidy)
 Section 236 (Insured or non insured)

\$ _____ \$ _____

Contract Rent

Proposed Rent

Is the Rental Unit subject to State or Local Rent Control Laws? Yes No

If Yes, is the rental unit controlled by: CA State Local

PART 2: UNIT INFORMATION

Unit Type (check one)

- ☐ **Single Family Detached** (one family under one roof)
☐ **Low-Rise Apartment Building** (4 stories or fewer)
☐ **Condominium**
☐ **Semi-Detached** (Duplex, attached on one side)
☐ **High-Rise Apartment Building** (5+stories)
☐ **Shared Housing Room**
☐ **Rowhouse/Townhouse** (attached on two sides)
☐ **Manufactured Home** (mobile home)
☐ **Space Rent Only**

Square Footage

No. Bedrooms

No. Bathrooms

No. Half Bathrooms

No. of Units in Building/Complex

PART 3: AMENITIES & HOUSING SERVICES (Check one from each category where applicable)

Heating System:

- ☐ Base Board ☐ Space Heater ☐ None
☐ Central ☐ Window/Wall ☐ Radiator
☐ Heat Pump ☐ Boiler ☐ Unknown
☐ Other Laundry ☐ Furnace

Cooling System:

- ☐ Central ☐ Swamp Cooler
☐ None ☐ Unknown
☐ Other ☐ Window/Wall

						Available	
Type:	<input type="checkbox"/> Washer/Dryer Hook-ups	<input type="checkbox"/> Washer Only	<input type="checkbox"/> Dryer Only	<input type="checkbox"/> On-site Laundry	<input type="checkbox"/> Washer/Dryer Provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dishwasher:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Garbage Disposal:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Microwave:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Swimming Pool:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ceiling Fans:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gated Community:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parking Type	<input type="checkbox"/> 1-Carport <input type="checkbox"/> 3-Car Garage <input type="checkbox"/> 2 Spaces <input type="checkbox"/> Open	<input type="checkbox"/> 2-Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 3+Spaces <input type="checkbox"/> Driveway	<input type="checkbox"/> 1-Car Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Street <input type="checkbox"/> None	<input type="checkbox"/> 2-Car Garage <input type="checkbox"/> 1-Space <input type="checkbox"/> Covered		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PART 4: OWNER CERTIFICATION OF RENTS CHARGED (Must Check One)

It is a program requirement that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units, and the LACDA may request for further verification(s). Owners of properties with five (5) or more units on the premises must complete the following section for the most recently leased comparable unassisted units within the premises. Most recently leased is defined as leases entered into within the last twelve (12) months.

Yes, the property has five (5) or more units and I have entered into a lease(s) in the last twelve (12) months. *(Owner must complete the section below)*

Address and Unit Number	Date Rented	Rental Amount
1.		
2.		
3.		

Yes, the complex has five (5) or more units. **No**, I have NOT entered into a lease in the last twelve (12) months.

No, the complex is less than five units.

OWNER CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that this information is subject to verification by the Los Angeles County Development Authority.

Print your name

Signature

Date