RENT ADJUSTMENT REQUEST INSTRUCTIONS

Before submitting a rent adjustment 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 t h e owner will be subject to rent control limits under State or local laws. Owners must ensure the requested rent is set in accordance with the laws governing the tenancy.

- **HUD-mandated notice: 60-day Notice Requirement.** Requests for rent adjustments must be submitted to the LACDA and the tenant at least 60 days before the effective date of the rent change.

- **State of California Notice 90-day Notice Requirement.** If the rent increase is more than 10%, the owner must provide notice 90 days before it can take effect. (Civ. Code § 827).

- **Ensure Sufficient Notice Is Provided to Both the Tenant and the LACDA.** Rent adjustment 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 adjustment and attached to the Rent Adjustment Request Form. You must include any Tenancy Rights notices mandated by local or State rent control laws. Please notify your tenant and the LACDA at the same time of your intent to change the rent. Generally, rent adjustments will be effective on the first of the month following 60 days of the LACDA's receipt of a copy of the owner's notice to the tenant or on the date specified by the owner, 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 the rent charged by the owner for comparable unassisted units on the premises. The LACDA may request an entire rent ledger or specific property information.

- **Wait for LACDA Approval Before Requesting the New Rent Amount.** It is important to note that rent adjustments are not automatically approved. The LACDA must complete a review of the rental market areas and the owner's certification of rents charged. The tenant must continue to pay their approved rental portion of rent until the LACDA completes the rent adjustment review. This review generally takes an average of 30 days to complete and notify the tenant and owner.

REVIEW OF THE 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. *If you request a rent adjustment, your unit's contract rent will be compared to similar unassisted rental units in the area to determine the reasonable rent. If your contract rent exceeds market rents, **the contract rent for the unit will be reduced**.*

SUBMISSION

While the LACDA recommends rent increase requests be submitted online via the Rent Café Portal at https://housingservices.lacda.org/, requests may also be faxed to the Alhambra main office - (626) 943-3850. Requests may be mailed to:

LACDA – Main Office	**LACDA – Antelope Valley Office**
P.O. Box 1503	2323 E. Palmdale Blvd., Ste. B
Alhambra, CA 91802	Palmdale, CA 93550

RENT ADJUSTMENT REQUEST FORM

Owner/Business Name	Primary Phone Number	Email Address

SECTION TO BE COMPLETED BY OWNER/AUTHORIZED AGENT

Tenant Name	Tenant ID Number

Unit Address

Street	Unit #	City	State	Zip Code

PART 1: REQUEST

_____ **$** _____
Effective Date of Rent Adjustment   Proposed New Rent

Is the rental unit subject to State or Local Rent Control Laws?
☐ Yes ☐ No If **Yes**, which one: ☐ CA State ☐ Local

If this unit is subsidized, indicate the type of subsidy:
☐ Tax Credit   ☐ Section 221(d)(3) (BMIR) (insured or non-insured)
☐ Home   ☐ Section 515 Rural Development
☐ Section 202   ☐ Other (Describe other subsidy, include state or local subsidy)

PART 2: UNIT INFORMATION

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

Square Footage	No. Bedrooms	No. Bathrooms	No. Half Bathrooms	No. of Units in Buildings/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   ☐ Furnace

Cooling System
☐ Central   ☐ Swamp Cooler
☐ None   ☐ Unknown
☐ Other   ☐ Window Wall

		Available
Cable Included:		☐ Yes ☐ No
Ceiling Fans:		☐ Yes ☐ No
Laundry Type:	☐ Washer/Dryer Hook-ups ☐ Washer Only ☐ Dryer Only ☐ On-Site Laundry ☐ Washer/Dryer Provided	☐ Yes ☐ No
Dishwasher:		☐ Yes ☐ No
Garbage Disposal:		☐ Yes ☐ No
Microwave:		☐ Yes ☐ No
Balcony:		☐ Yes ☐ No
Swimming Pool:		☐ Yes ☐ No
Gated Community:		
Parking Type	☐ 1 Car Garage ☐ 1 Covered Space ☐ Unassigned ☐ Unknown ☐ 2 Car Garage ☐ 2 Covered Spaces ☐ Open ☐ None ☐ 3 Car Garage ☐ Driveway ☐ Street	☐ Yes ☐ No

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

It is a program requirement that the rent charged to the housing assistance 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 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 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 am certifying that the rent being requested is set taking into consideration state and/or local rent stabilization laws. I understand that this information is subject to verification by the Los Angeles County Development Authority.

_____   _____   _____
Print your name   Signature   Date

HA-RI Rent Increase Request Form (Revised 01-13-2025)