



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 the 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://housingervices.lacda.org/>, 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 ADJUSTMENT REQUEST FORM

Owner/Business Name	Primary Phone Number	Email Address	Assessor's Parcel Number
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Owner **MUST** thoroughly complete ALL sections of this form, sign, date and include the following documents listed below. Otherwise, the request will be denied. Please check both boxes to confirm the documents are included with this request form.

- Attach a copy of the written 60-90-day Rent Increase notice to tenant.
- Attach a copy of the Certification Rent Registry for the assisted unit in accordance with the respective local ordinance (if applicable).

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	\$	%	If this unit is subsidized, indicate the type of subsidy: <input type="checkbox"/> Tax Credit <input type="checkbox"/> Home
Proposed New Rent	Percentage		
Is the rental unit subject to State or Local Rent Control Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , which one:			
<input type="checkbox"/> CA State <input type="checkbox"/> Local/city <input type="checkbox"/> County <input type="checkbox"/> Exempt			

PART 2: UNIT INFORMATION

Unit Type (check one)		
<input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Low-Rise Apartment Building (4 stories or fewer) <input type="checkbox"/> High-Rise Apartment Building (5+ stories) <input type="checkbox"/> Shared Housing <input type="checkbox"/> Space Rent Only	<input type="checkbox"/> Semi-Detached (Duplex, Attached to one side) Is the owner occupying the attached unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> *Luxury Unit (Unincorporated only) *Some units in the unincorporated Los Angeles County were classified as luxury units if they had 25 or more units in the building, a maximum of two bedrooms, and a minimum rent \$4,000.	<input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured Home (mobile home) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)

Year Built	Square Footage	No. Bedrooms	No. Bathrooms	No. Half Bathrooms	No. of Units in Buildings/Complex
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PART 3: AMENITIES & HOUSING SERVICES (Check one from each category where applicable)

Heating System		Cooling System			
<input type="checkbox"/> Base Board	<input type="checkbox"/> Space Heater	<input type="checkbox"/> None	<input type="checkbox"/> Central	<input type="checkbox"/> Swamp Cooler	
<input type="checkbox"/> Central	<input type="checkbox"/> Window/Wall	<input type="checkbox"/> Radiator	<input type="checkbox"/> None	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Boiler	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> Window Wall	
<input type="checkbox"/> Other	<input type="checkbox"/> Furnace				
					Available
Cable Included:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling Fans:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry 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
Balcony:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Gated Community:					
Parking Type	<input type="checkbox"/> 1 Car Garage	<input type="checkbox"/> 1 Covered Space	<input type="checkbox"/> Unassigned		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 2 Car Garage	<input type="checkbox"/> 2 Covered Spaces	<input type="checkbox"/> Open		
	<input type="checkbox"/> 3 Car Garage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Street		

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.

Type of Ownership: (Must Check One):

- Small Property Owner
 Corporation
 LLC
 Real Estate Investment Trust
 Other

OWNER CERTIFICATION

BY SIGNING BELOW, I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. I HAVE READ THE INSTRUCTIONS AND UNDERSTAND THAT THE LACDA ALSO MAINTAINS THE DISCRETION TO DISAPPROVE THIS REQUEST. ADDITIONALLY, IN ACCORDANCE WITH THE LOCAL ORDINANCE, I HAVE ACQUIRED A BUSINESS LICENSE FOR THE RENTAL PROPERTY FOR THE ASSISTED UNIT AND I AFFIRM I AM COMPLIANT WITH THE STATE AND/OR LOCAL RENT STABILIZATION LAWS.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. IN ADDITION, MAKING FALSE STATEMENTS IS A FELONY UNDER CALIFORNIA STATE LAW (PENAL CODE SECTIONS: 115, 118, 487, AND 532) AND MAY RESULT IN CRIMINAL CHARGES INCLUDING BUT NOT LIMITED TO: PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE, AND OBTAINING MONEY UNDER FALSE PRETENSES.

Owner/Authorized Agent's Name (Print)

Signature

Date