

Rent Increase Application Form

Important Information

- Request for rent increases must be submitted at least sixty (60) days prior to the effective date of the rent increase.
- Rent increases will be effective on the date specified by the landlord or on the first of the month following a full 60-day notice to the San Diego Housing Commission (SDHC), whichever is later.
- SDHC will not approve a change in the rent during the initial term of the lease.
- If you requested a rent change for an apartment, high-rise or other multifamily unit, you will be asked to provide comparables for unassisted units in the same complex.
- The new rent requested must pass a rent reasonableness analysis conducted by SDHC.
- A new lease/Housing Assistance Payment (HAP) contract is **not** required for leases that renew on a month-to-month basis unless other lease terms are changing.
- If there is a change in utilities, the tenant and landlord must enter into a new lease.
- If a new lease is executed, a new HAP contract must also be executed with SDHC.
- Landlords shall provide notice to tenants in compliance with local, state and federal regulations and fair housing laws.

Please return this Rent Increase Application Form to request an increase in contract rent:

To be completed by Owner or Authorized Agent --- This form must be completed in its entirety.

Rent Increase Notice Certification

- I shall comply with providing tenant proper and timely notice as required by state, federal, and local Fair Housing laws and regulations.

| | |
|---------------------|------------------|
| Tenant Name | |
| Rental Unit Address | City, State, Zip |

| | | |
|---------------------------|------------|---------------|
| Owner or Authorized Agent | | Vendor # |
| Phone Number | Fax Number | Email Address |

Rent Information

| | | |
|------------------------------|--------------------------------|--------------------------------|
| Current Contract Rent | Requested Contract Rent | Proposed Effective Date |
|------------------------------|--------------------------------|--------------------------------|

General Unit Information

| | | | |
|------------|-------------|------------|----------|
| # Bedrooms | # Bathrooms | Year Built | Sq. Feet |
|------------|-------------|------------|----------|

Building Type

- Single Family Detached
 Apartment
 Condo
 Townhouse
 SRO
 Duplex/Semi-detached
 High Rise
 Manufactured Home
 Congregate/Shared

How many **unassisted** units of the same bedroom size as the unit occupied by this Section 8 tenant are in this complex? _____

Are all of the non-Section 8 units of the same bedroom size Tax Credit or HOME assisted units? **Yes** **No**

Owner Certification

The rent charged for a Section 8 assisted unit must be reasonable in relation to the rents currently being charged for comparable units in the private unassisted market and must not be in excess of the rents currently being charged by the owner for comparable unassisted units in the same complex.

If you are requesting a rent increase for an apartment, high-rise or other multifamily unit, you must provide rental information for two comparable units within the same complex which are NOT subsidized by the Section 8 program or Tax Credit units. These units must be rented at or above the requested rent amount.

Is the complex an apartment, high-rise or other multifamily unit? Yes No

If yes, please complete the table below providing rental information for two comparable units within the same complex which are NOT subsidized by the Section 8 program or Tax Credit units that have rented for approximately the same length of time as the assisted unit.

| | | | | |
|---------------------------------------|-------------|--------------|---------------|----------------|
| 1. Address of Unit (Include Apt. No.) | Rent Amount | Move-In Date | # of Bedrooms | # of Bathrooms |
| 2. Address of Unit (Include Apt. No.) | Rent Amount | Move-In Date | # of Bedrooms | # of Bathrooms |

If you checked “no” above, and the complex is **not** an apartment, high-rise or other multifamily unit, please certify by checking the box below:

The owner or authorized agent certifies that this unit is a single family home or condo and the owner has no unassisted comparable units in the complex.

New Lease

The owner or authorized agent is entering into a new lease with the tenant. (All leases will be one year unless specified.)
Note: A new lease/Housing Assistance Payment (HAP) contract is not required for leases that renew on a month-to-month basis unless other lease terms are changing. If you choose to offer your tenant a new lease, the requested rent will not be approved without a copy of the signed lease.

6- Month 1-Year

Owner/Agent Acknowledgement and Signature

I certify that the information provided on this form is accurate and complete to the best of my knowledge and that the tenant will be notified timely of the rent increase as required by state, federal and local Fair Housing laws and regulations. I confirm that the rent requested is not greater than the rent for any other unassisted unit in the complex. I understand that this is only a request and is subject to SDHC approval. I understand that the increased rent amount may result in an increase in the tenant’s portion and not the amount of the subsidy payment.

Print Name of Owner/Agent

Phone Number

Owner/Agent Signature

Date

Please contact SDHC’s Rent Change Unit with any questions regarding rent increases:

Direct Line: 619-578-7667 Fax Line: 619-578-7320
RADRentChanges@sdhc.org