



## RENT INCREASE REQUEST FORM

LEASED HOUSING DEPARTMENT

1815 Egbert Avenue · San Francisco CA · 94124

Telephone (415) 715-3254 · Facsimile (415) 330-0785 · [customercare@sfha.org](mailto:customercare@sfha.org)

Submit this completed form by mail, e-mail, or fax.

**Rent Increase Policy:** This Rent Increase Request form must be submitted at least sixty (60) days prior to the effective date of the rent increase. You may not increase the family's share without prior written approval from SFHA. **Rent Reasonableness Policy:** Per federal regulation 24 CFR 982.507 the SFHA will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for a Section 8 assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. Rent controlled units are subject to rent ordinance and rent limitations.

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Participant Name Client #

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Street Address Apt # Complex Name, if applicable

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City State Zip Code

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Owner or Company Name Owner/Vendor # Main Telephone #

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Mailing Address City State Zip Code

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Email Address Agent Name (if applicable) Telephone Number

### Property Description and Rent Information:

Current Rent: \_\_\_\_\_ Requested Rent: \_\_\_\_\_ Effective Date: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ Square Footage \_\_\_\_\_ Year Built \_\_\_\_\_

Structure Type:     Single Family Detached Home     Low Rise     Semi-Detached/Duplex  
                           High-Rise w/Elevator                     Rowhouse/townhouse     Manufactured Home

### Owner Provided Amenities (check appropriate boxes):

Flooring:     Carpeting     Hardwood     Vinyl     Tile

Maintenance:     Lawn/Gardening     Pest Control     Pool Cleaning

Other:     Air Conditioning     Balcony/Patio     Cable-ready     Ceiling Fans     Dishwasher     Pool  
           Fenced Yard     Fireplace     Granite Countertops     Garbage Disposal     Washer     Dryer

Parking:     Garage Parking     Covered Parking     Street Parking     None

504/ADA     Flat/No-Step Entry     Ramped Entry     Doorways wider than 32"     Accessible Elevator  
               First floor unit     Lever-Style Door Handles     Low Counters     Low Vanity     Roll-In Shower  
               Lowered/Raised Toilet     Grab Bars     "T" Turn or 60" Turning Circle in Bathroom

**Utility Information (check appropriate boxes):**

Does the information below indicate a change in the utility responsibilities?  Yes  No

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify	Paid by
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	
Other Electric		
Water/Sewer		
Trash		
Refrigerator		
Range/Microwave		
Heating	<input type="checkbox"/> Central <input type="checkbox"/> Wall <input type="checkbox"/> Space <input type="checkbox"/> Floor	

**Participant Acknowledgement and Signature:**

I have reviewed this form and acknowledge (1) the Owner's request for a rent increase and (2) that the utility information above correctly describes who is responsible for paying each utility and providing the stove and refrigerator. By signing below I understand that this request may result in an increase in my portion of the rent. I also understand that I may exercise my right to relocate with my voucher if I cannot afford my new portion.

\_\_\_\_\_  
Print Name (Participant)

\_\_\_\_\_  
Client #

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Owner/Agent Acknowledgement and Signature:**

I certify that the information provided on this form is complete and accurate to the best of my knowledge and that the rent requested is not greater than the rent for any other unassisted unit in the building. I understand that the request may result in an increase in the tenant's portion of the rent and that the tenant may exercise their right to move. By submitting this rent increase request, I understand that the SFHA must thoroughly evaluate my request including comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the subject unit. This could result in one of four outcomes: (1) a denial of the request to change the rent amount (2) a decrease in the current rent amount (3) a lower approved rent increase amount or (4) an approval of my request to increase the rent amount. I also understand that the rent for this unit may be reduced or re-determined at any time if the SFHA finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

For Office Use Only		
Date Received: _____	Date Completed: _____	Completed by: _____
Rent Control: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved Rent Increase Amount: _____	Effective Date: _____	