



## Rent Increase Request Form

**Rent Increase Policy:** This Rent Increase Request form must be submitted at least sixty (60) days prior to the effective date of the requested rent increase. For MRAD and PBV properties, this form must be submitted at least 120 days prior to the anniversary date of the HAP Contract. You may not increase the family’s share without prior written approval from the Housing Authority of the City and County of San Francisco (Authority).

**Rent Reasonableness Policy:** Per federal regulation 24 CFR 982.507 the Authority will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for an 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. Rent controlled units are subject to rent ordinance and rent limitations.

Participant Name		Client ID
Street Address	Apartment Number	Complex Name, if applicable
City	State, Zip Code	
Owner or Company Name	Vendor ID	Main Telephone Number
Mailing Address	City	State, Zip Code
E-mail Address	Telephone Number	Agent Name, if applicable

### Property Description and Rent Information:

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

\*Number of Bedrooms: \_\_\_\_\_ \*Number of Bathrooms: \_\_\_\_\_ \*Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_

\* Note: For PBV, Number of Bedrooms, Number of Bathrooms, and Square Footage are not required to be entered in the box above, as the information is included in the cover letter submitted with the request.

**Structure Type:**     Single Family Detached Home     Low Rise     Semi-Detached/Duplex

High-Rise w/Elevator     Rowhouse/townhouse     Manufactured Home

# of units in the property: \_\_\_\_\_ # of floors/stories in the property: \_\_\_\_\_



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

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

If yes, the owner must provide a revised lease agreement reflecting the updated utility responsibilities, signed by both parties.

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.

Utility	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	

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

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

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**Parking:**       Garage Parking                       Covered Parking                       Street Parking                       None

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**Maintenance:**       Lawn/Gardening                       Pest Control                       Pool Cleaning

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**Flooring:**       Carpeting                       Hardwood                       Vinyl                       Tile

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**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



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**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 for 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 rent portion.

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Print Name (Participant) Client #

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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 Authority must thoroughly evaluate my request including evaluating that the requested contract rent does not exceed any applicable local/state rent increase laws, and comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the requested unit. This could result in one of four outcomes:

- (1) 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 Authority finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units.

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Owner/Agent Signature Date

For Office Use Only		
Date Received: _____	Date Completed: _____	Completed By: _____
Approved Rent Increase: _____	Effective Date: _____	