HOUSING AUTHORITY OF THE
CITY AND COUNTY OF SAN FRANCISCO

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 (Head of Household)		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: _____

(Approved rent increases are effective on the first of the month following the 60-day period.)

*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.

Is this a Low-Income Housing Tax Credit (LIHTC) unit? ☐ Yes ☐ No

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: _____

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	☐Natural Gas ☐Electric	
Cooking	☐Natural Gas ☐Electric	
Water Heating	☐Natural Gas ☐Electric	
Other Electric		
Water/Sewer		
Trash		
Refrigerator		
Range/Microwave		
Heating	☐Central ☐Wall ☐Space ☐Floor	

Do the units in your building share any meters? ☐ Yes ☐ No

If an owner has less than six (6) units that share a meter in the same building, then the owner will pay all the utility cost(s) and will not be allowed to place the cost(s) of the utilities on the tenant.

Owner Provided Amenities (check appropriate boxes):

Other:	☐Cable-ready	☐Ceiling Fans	☐Dryer	☐Washer
	☐Dishwasher	☐Garbage Disposal	☐Air Conditioning	☐Fenced Yard
	☐Balcony/Patio	☐Pool	☐Fireplace	☐Granite Countertops
Parking:	☐Garage Parking	☐Covered Parking	☐Street Parking	☐None
Maintenance:	☐Lawn/Gardening	☐Pest Control	☐Pool Cleaning	
Flooring:	☐Carpeting	☐Hardwood	☐Vinyl	☐Tile
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	

Participant Acknowledgement and Signature (Required):

If the tenant's signature is not available, please submit a 60-day notice provided to the tenant.

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.

Print Name (Participant) Client #

Participant Signature Date

Owner/Agent Acknowledgement and Signature (Required):

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.

Owner/Agent Signature Date

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