



ANAHEIM HOUSING AUTHORITY

201 S. ANAHEIM BLVD, SUITE 203, ANAHEIM, CA 92805
(714) 765-4320 FAX (714) 765-4654 www.anaheim.net

Rent Increase Request Supplement Form

Please attach this form to the request for rent increase notice to initiate your formal request

***Important Note:** When you submit a rent increase request, a Rent Reasonableness test will be conducted. If the results of this test indicate that an amount less than your current rent should be paid, Anaheim Housing Authority (AHA) is required to reduce your contract rent accordingly. This is mandated by the Code of Federal Regulations (CFR) 982.507(4), which states: "At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA".

A request for a rent increase must comply with all of the following requirements before AHA can approve your request.

- Original notice of intent to increase the rent must first be issued to tenant prior to your submission to AHA.
- Notice must be submitted no less than 60 days prior to the requested effective date. No rent increase can occur during the first 12 months of a new contract.
- You may not charge more for rent than you have to unassisted tenants leased within the last 12 months.
- You must complete the description of your unit on the attached form.
- For a complex having more than 4 units, please submit your current rent roll or the owner's certification below:

.....
Rent Amount Requested: _____
Effective Date: _____

Tenant: _____
Address: _____

OWNER'S RENT CERTIFICATION

As Owner/Owner Representative, I certify that the rent charged to AHA tenants is not more than the rent charged to my unassisted units. **Please make sure your comps are the same or higher than the asking amount.**

SECTION A – Three most recently leased comparable units within the premises (non-Section 8 ONLY):

*If you have 4 or less units on the premises, Section A does not apply, please complete Section B.

	Address and Unit Number	City	Date Rented	Rent Amount	No. of Bedrooms	No. of Baths
1.				\$		
2.				\$		
3.				\$		

SECTION B:

I have 4 or less units at this property (check here):

Select one of the following descriptions of the property:

- Single detached home
 Duplex/Triplex/Fourplex
 Individually owned condo/townhome
 Mobile Home
 Other (please explain): _____

Affordable Housing Subsidy

Check Type: Tax Credit HOME Section 202 Section 221(d)(3)(BMIR) Section 236

Print Name: _____

Phone No. _____

Signature: _____

Fax No.: _____

Date: _____

Email Address: _____



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Description of Property

Please complete the form below to assist us in determining your rent accurately.
If any section is left blank, the amenity will not be used in determining rent.

Unit Address: _____

Unit Description

Bedrooms: _____ Baths: _____ Square feet: _____

Amenities

- Laundry Hookups (in unit) Washer and Dryer Included Stove
 Dishwasher Microwave Garbage Disposal Ceiling Fan
 Gated Community Pool Patio Balcony

Parking (included in rent)

- 1-Car Garage 2-Car Garage 1-Car Carport 2-Car Carport
 Assigned parking – 1 space (not covered) Assigned parking – 2 spaces (not covered)

Air Conditioning

- Central Window/Wall None

Heating

- Central Space Furnace Other:

Unit Condition - Interior

- Bathrooms remodeled within last 5 years New paint New flooring throughout
 Kitchen remodeled within the last 5 years Granite countertops Hardwood floors

Unit Condition – Exterior

- Fully landscaped Painted within the last 5 years Other upgrades: _____