

# Understanding the Owners Portal: Rent Increase and Rent Decrease request

A users guide to understanding the Owners Portal  
Presented by: Housing Authority of the City of Los Angeles

# Rent Increase/Decrease

Change Password Change Email Log Out

**HCV Landlord** **Send Request**

My Payments  
Direct Deposit  
Statements  
My Units  
Holds & Abatements  
My Families  
My 1099s  
My Profile  
Communications  
- Announcements  
- Forms  
- Requests  
- Send new Request

Request Type **Please Select**  
\* Denotes a Request  
Rent Increase  
Rent Decrease  
Reschedule an Inspection

Cancel

**Select Rent Increase for the Rent Increase Form to display**

**Click Here to send a new request**



# Rent Increase Request Form

## Send Request

**Send Request**

Request Type

\* Denotes a Required field

Unit

Contract Rent

Proposed Rent Amount

Proposed Effective Date

**INTERNAL COMPARABLE RENT - OWNER'S CERTIFICATION (owner, owner's representative)**

**Note: If you have NO comparable rents on the premises of the unit referenced in your rent increase request above, please certify by selecting YES below**

1.- I certify that there has been no rental of a like and similar unassisted unit of this bedroom size within the last year

2. Subsidized project. if this unit is subsidized, indicate type of subsidy: \*

- HOME. If this unit is subsidized under the HOME investment Partnership Program (type: LOW)
- HOME. If this unit is subsidized under the HOME investment Partnership Program (type: HIGH)
- Low Income Housing tax Credit
- Section 512 Rural Development
- Section 202
- Section 221(d)(3)(BMIR)
- Section 236
- Other
- Not Applicable

2. I certify that this assisted unit (You MUST select an option below): \*

- IS subject to the City's RSO (i.e. with 2 or more units on the same lot and built before 10-01-78)
- IS NOT subject to the City's RSO (i.e. either a single family residence or condo or structure built after)

Digitally Signed by: \*  
Entering your name below is equivalent to a handwritten signature.

Assessor Parcel Number (APN)

Note:

# Rent Request Form Part 1

**Send Request**

Request Type  ▼

\* Denotes a Required field

Unit  ▼ \*

Contract Rent \$831.00

Proposed Rent Amount  ▲ ▼ \*

Proposed Effective Date  📅 \*

**INTERNAL COMPARABLE RENT - OWNER'S CERTIFICATION (owner, owner's representative)**

Note: If you have NO comparable rents on the premises of the unit referenced in your rent increase request above, please certify by selecting YES below

1.- I certify that there has been no rental of a like and similar unassisted unit of this bedroom rize within the last year

▼ \*

Select from the drop down menu the unit you want to increase rent on

The current contract rent amount will display here automatically

Type out the full amount of the increased rent you are requesting

Pick the date this will go into effect (this cannot be backdated and should coincide with your agreement with the tenant to give them 60 day notice of an increase)

An Owner can select **Yes** if they do not have any comparable units to compare to.

An Owner must select **No** if they have rented an unassisted like and similar unit/s on the premises within the last year

That additional area will be on the next slide.

# If you have “Comparable units”

1.- I certify that there has been no rental of a like and similar unassisted unit of this bedroom rize within the last year

NO  YES \*

I certify that the rent for the assisted unit is not more than rent charged for comparable unassisted units (same size, type, number of bedrooms) in the premises within the last year.

The rents charged for the most recently comparable unassisted untis within the premises are listed below:

I don't have a second comparable unit       I don't have a third comparable unit

Unit 1: Date Rented *	Unit 2: Date Rented *	Unit 3: Date Rented *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit 1: Rent Amount *	Unit 2: Rent Amount *	Unit 3: Rent Amount *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit 1: # of Bedrooms *	Unit 2: # of Bedrooms *	Unit 3: # of Bedrooms *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit 1: Address & Unit # *	Unit 2: Address & Unit # *	Unit 3: Address & Unit # *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit 1: Zip Code *	Unit 2: Zip Code *	Unit 3: Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you selected “No” you will see the following displayed on the form.

You can list information for up to 3 units. If you only have 1-2 units to list you need to check the box stating that you don't have a second or third comparable unit.

# Rent Request Form part 2

2. Subsidized project. if this unit is subsidized, indicate type of subsidy: \*

- HOME. If this unit is subsidized under the HOME investment Partnership Program (type: LOW)
- HOME. If this unit is subsidized under the HOME investment Partnership Program (type: HIGH)
- Low Income Housing tax Credit
- Section 512 Rural Development
- Section 202
- Section 221(d)(3)(BMIR)
- Section 236
- Other
- Not Applicable

2. I certify that this assisted unit (You MUST select an option below): \*

- IS subject to the City's RSO (i.e. with 2 or more units on the same lot and built before 10-01-78)
- IS NOT subject to the City's RSO (i.e. either a single family residence or condo or structure built after)

Digitally Signed by: \*

Entering your name below is equivalent to a handwritten signature.

  

Assessor Parcel Number (APN)  \*

Note:

**If you are part of any of the following subsidized housing programs you need to identify that here. If you have no idea what these are select "Not Applicable".**

**If the unit is subject to rent control (RSO) you need to identify that here. Under RSO your increase cannot exceed 4% of the previous rent amount, if you exceed this amount the system will not allow you to process your request**

**Put your name here as it will act as a digital signature for this**

**APN = Assessors Parcel Number, this can be found on your Grant Deed. If you are still having issues locating this information you may contact us to assist you and we will try to help. You must have this in order for the request to be submitted.**

**Click here to submit**

**If you want to add additional information to this request you may do so here**

# Rent Increase/Decrease options

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Send Request

Request Type **Please Select**  
\* Denotes a Request  
Rent Increase  
Rent Decrease  
Reschedule an Inspection

Cancel

**Select Rent Decrease for the Rent Decrease Form to display**

# Rent Decrease

## Send Request

**Send Request**

Request Type

\* Denotes a Required field

Unit

Contract Rent

Proposed Rent Amount

Proposed Effective Date

Request must be approved by the HCV office and you will be notified of the effective date after approval

Digitally Signed by: \*  
Entering your name below is equivalent to a handwritten signature.

Assessor Parcel Number (APN)

Note:

Select the unit that will be affected by the rent decrease

The original contract rent will be displayed here

Input the new decreased amount in this field

Pick a date, you will be notified of the effective date after approval

APN = Assessors Parcel Number, this can be found on your Grant Deed. If you are still having issues locating this information you may contact us to assist you and we will try to help. You must have this in order for the request to be submitted.

If you want to add additional information to this request you may do so here