HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
REQUEST FOR RENT INCREASE

Please complete the following form or visit the HACLA website to request a rent increase. HACLA will review your request and will determine whether an increase can be granted in accordance with the Section 8 contract. A contract rent increase request can take sixty (60) to seventy (70) days to process from the date your request is received in our offices.

3 WAYS TO SUBMIT YOUR REQUEST FOR RENT INCREASE

1 ONLINE	2 FAX	3 MAIL
1. Go to **www.hacla.org** 2. Select "Section 8 Housing" 3. Click on "Owner Information" 4. Click on "Request for Rent Increase"	(213) 252-6177	HACLA RRD 2600 Wilshire Blvd, 5th Fl, Ste 5600 Los Angeles, CA 90057

REQUEST FOR RENT INCREASE (please print clearly)

Owner Name: _____ Client Name: _____
Vendor #: _____ Client #: _____
Owner's E-mail: _____ **Current Rent**: _____
Owner's Phone: _____ **Proposed Rent**: _____
Proposed Effective Date: _____ Client Address: _____
APN # _____

1) RENT STABILIZATION ORDINANCE (RSO). I certify that this assisted unit

☐ IS subject to the City's RSO (i.e. with 2 or more units on the same lot, built on or before 10/1/78)
☐ IS NOT subject to the City's RSO (i.e. single family residence, condo, or structure built after 10/1/78)

2) SUBSIDIZED PROJECT. If this unit is subsidized, indicate type of subsidy:

☐HOME [Please circle LOW or HIGH] ☐Tax Credit ☐Section 515 Rural Development
☐Section 202 ☐Section 221(d)(3)(BMIR) ☐Section 236 ☐ Other: _____

3) INTERNAL COMPARABLE RENT - OWNER'S CERTIFICATION (24 CFR 982.507 – 4/08)

Owners that have rented unassisted like and similar units on the premises within the last year must provide rental information on these units.

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 comparable unassisted units within the premises are:

Date Rented	Rent	# of Bedrooms	Address/Unit #

☐ By checking this box, I certify that there has been **no** rental of a like and similar unassisted unit of this bedroom size within the last year.

_____ _____
Owner(s)/Agent Name (please print) Telephone Number (Daytime)

_____ _____
Owners(s)/Agent Signatures Date

PLEASE KEEP A COPY OF THE COMPLETED RENT CERTIFICATION FOR YOUR RECORDS.

OFFICE USE ONLY:	V S E W SP	MGR CODE:	MGR EXT: