

Understanding the Owners Portal: Rent Increase and Rent Decrease Requests

A guide to understanding the Owners Portal and all its features
Presented by: Housing Authority of the City of Los Angeles

Rent Increase Requests

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HCV Landlord **Send Request**

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Request Type **Please Select**

- Rent Increase
- Rent Decrease
- Reschedule an Inspection

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

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

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

Pick the date this will go into effect. This date must be at least 60 days from the current date.

Select **Yes** if you do not have any comparable units to compare to. Select **No** if you are listing comparable units, once you select No you will see an area to add that information.

That additional area will be on the next page.

If you have “Comparable units”

If you selected “No” you will see the following fields appear on your screen.

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 *

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"/>

Enter information from units that are similar that have been rented in the past 12 months. This will justify your increase amount requested. You can add up to three comparable units. If you do not have a second or third comparable unit, you must check the boxes accordingly.

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 city rent control (RSO) you need to identify that here.

Under RSO your increase cannot exceed the current percentage allowed above the current contract rent.

If you exceed this amount the system will not process your request

Enter your name here

APN = Assessors Parcel Number, this can be found on your Grant Deed or at zimas.lacity.org

If you are still having issues locating this information you may email Owners.Portal@hacla.org for assistance.

The notes field is used to request higher rent amounts to include 1% for gas, 1% for electric, 10% for additional tenants and/or the higher RSO rent percentage. These amounts must be the full rent amount requested.

Click here to submit

Rent Decrease Form

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My Profile
Communications
- Announcements
- Forms
- Requests
- Send new Request

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 or at zimas.lacity.org

If you are still having issues locating this information you may email Owners.Portal@hacla.org for assistance.

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

Click here to submit