

Assisted Housing Division - Rent Adjustment Instructions

Dear Owner/Agent:

To request a rent adjustment you must complete the entire document and mail the document to:

1331 Fulton Mall Fresno CA, 93721 or you may fax it to (559) 445-8980.

OR e-mail to ownerservices@fresnohousing.org

A completed Rent Adjustment form and 60 day notice is required for each rent adjustment that is being requested. There will be **NO** change in the tenant's portion of rent or housing assistance payment until this process has been completed. You should receive the results of your request within 45-60 days after the Assisted Housing Division has received your request. Do you have questions? Call Owner Services at (559) 266-9941.

What is a rent adjustment?

A rent adjustment is a formal request to increase or decrease the existing contract rent. The request for a rent adjustment must be completed by the owner/agent.

How does an owner/agent adjust their contract rent?

The owner/agent can request that their contract rent be increased or decreased. However, the following steps must take place before the request can be approved:

- ❖ The owner/agent must submit a **COMPLETED** Rent Adjustment form to the Housing Authority and provide the resident and the Housing Authority with a copy of a written 60 day notice.
- ❖ The unit must have passed Housing Quality Standards inspection within the last twelve months.
- ❖ In order for the rent adjustment to be effective as requested on the 60 day notice that you served to the tenant, the Housing Authority must receive the documents (by e-mail, mail, fax or hand delivery) within 10 business days.

What happens when my rent adjustment is disapproved?

If the rent adjustment is disapproved, **ALL** documents will be returned to you. Attached will be a letter stating why the increase was disapproved. However, here are a few reasons why the increase would be disapproved:

- ❖ If Rent Adjustment form is turned in without a 60 day notice, or if the 60 day notice is turned in without a Rent Adjustment form.
- ❖ Unit has not passed inspection within the past 12 months.
- ❖ Rent Adjustment form is not complete, i.e.: if all boxes are not completed, missing signature...etc.
- ❖ Tenant is in the transfer process or has moved completely from the unit.
- ❖ Unit is at maximum rent based on comparable units within the area.
- ❖ Tenant has lived in unit for less than one (1) year.

If you have any questions regarding this form please e-mail us at
ownerservices@fresnohousing.org or call (559) 266-9941.
Monday thru Thursday and alternating Fridays from 8:00 a.m. to 5:00 p.m.

Assisted Housing Division – Rent Adjustment

PART I – BACKGROUND INFORMATION

Owner/Agent Name: _____ Tenant Name: _____
 Owner/Agent Phone Number: _____ Tenant SSN: _____
 Unit Address: _____ City: _____ Zip Code: _____

PART II – CONTRACT INFORMATION

What rent are you requesting on this property? _____ What effective date are you requesting? _____

PLEASE ATTACH A COPY OF THE 60 DAY NOTICE

Are you requesting a change in utilities or appliances? Yes No
 If 'Yes', what changes are you requesting? Water Garbage Sewer PG&E Stove Refrigerator

PLEASE ATTACH NEW LEASE/ADDENDUM SIGNED BY TENANT AND OWNER/AGENT

PART III – UNIT SURVEY

Property Condition	Building Quality	Unit type	Utilities Paid by Owner
<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Town House	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> PG&E # of Bedrooms: _____ # of Bathrooms: _____ Square footage: _____
<input type="checkbox"/> Swamp Cooler <input type="checkbox"/> A/C Window/Wall <input type="checkbox"/> A/C Central <input type="checkbox"/> Age Restricted <input type="checkbox"/> 1 - Carport <input type="checkbox"/> 2 - Carports	<input type="checkbox"/> 1 – Car Garage <input type="checkbox"/> 2 – Car Garage <input type="checkbox"/> 3 – Car Garage <input type="checkbox"/> Cable Included <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Dishwasher	<input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care <input type="checkbox"/> Microwave <input type="checkbox"/> Pest Control <input type="checkbox"/> Patio	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Stove <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Washer/Dryer Hookup <input type="checkbox"/> Washer/Dryer Provided

PART IV - Owner Certification

I, _____ certify that all information provided is true and correct and applicable to this unit contracted under the Housing Choice Voucher Program. By signing this document, I am certifying the condition of this unit, reviewing and accepting this document.

Signature of Owner/Agent _____

Date _____

Housing Authority Use Only

Amount Approved for \$ _____
 Approved @ Requested Amount
 Disapproved – The unit does not qualify for a rental adjustment at this time, based on the third party market survey conducted for this rental unit and matched with 3 comparable units.

Reviewed By _____

Review Date _____

Year Built	_____
HQS Insp. – Pass or Fail	_____
Move In Date	_____
Date Received	_____
OLD CR: _____ HAP: _____ TR: _____ URP: _____	NEW CR: _____ HAP: _____ TR: _____ URP: _____