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 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 contact Owner Services at (559) 266-9941, Monday thru Thursday and alternating Fridays from 8:00 a.m. to 5:00 p.m.

TTY (800) 735-2929 www.fresnohousing.org
Assisted Housing Division – Rent Adjustment

PART I – BACKGROUND INFORMATION

<table>
<thead>
<tr>
<th>Owner/Agent Name:</th>
<th>Tenant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner/Agent Phone Number:</td>
<td>Tenant SSN:</td>
</tr>
</tbody>
</table>

Has the tenant been served a copy of the 60 day notice advising him/her of the rent adjustment? □ Yes □ No

-If ‘Yes’, please attach a copy of the 60 day notice.

-If ‘No’, rent adjustment cannot be processed until a copy is submitted.

Has your unit passed Housing Quality Standards Inspection within the last 12 months? □ Yes □ No

-If ‘No’, rent adjustment cannot be processed until unit has passed Housing Quality Standards Inspection.

Reason for rent adjustment?

□ Change in the unassigned rental market □ Cost of maintenance and operation □ Recent upgrade/home improvement in detail: ____________________________________________________________

PART II – CONTRACT INFORMATION

Are you requesting changes in your contract besides a rent adjustment? □ Yes □ No

If ‘Yes’, what changes are you requesting?

□ Water □ Garbage □ Sewer □ PG&E □ Stove □ Refrigerator

Please attach new lease/addendum for changes to be processed

What is the current contract rent on this property? ____________ What effective date are you requesting? ____________

What amount are you requesting on this property? ____________

PART III – UNIT SURVEY

<table>
<thead>
<tr>
<th>Property Condition</th>
<th>Building Quality</th>
<th>Utilities Paid by Owner</th>
<th>Unit type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Below Average</td>
<td>□ Below Average</td>
<td>□ Water</td>
<td>□ House (Single-Family)</td>
</tr>
<tr>
<td>□ Average</td>
<td>□ Average</td>
<td>□ Garbage</td>
<td>□ Apartment (Multi-Family)</td>
</tr>
<tr>
<td>□ Good</td>
<td>□ Good</td>
<td>□ Sewer</td>
<td># of Bedrooms: _________</td>
</tr>
<tr>
<td>□ Very Good</td>
<td>□ Very Good</td>
<td>□ PG&amp;E</td>
<td># of Bathrooms: _________</td>
</tr>
<tr>
<td>□ Swamp Cooler</td>
<td>□ Ceiling Fan</td>
<td>□ Garbage Disposal</td>
<td>□ Swimming Pool</td>
</tr>
<tr>
<td>□ A/C</td>
<td>□ Dishwasher</td>
<td>□ Gated Community</td>
<td>□ Washer/Dryer</td>
</tr>
<tr>
<td>□ Age Restricted</td>
<td>□ Fenced Yard</td>
<td>□ Lawn Care</td>
<td>□ Hookup</td>
</tr>
<tr>
<td>□ Cable Included</td>
<td>□ Fireplace</td>
<td>□ Laundry Room</td>
<td>□ Washer/Dryer</td>
</tr>
<tr>
<td>□ Carport</td>
<td>□ Garage</td>
<td>□ Microwave</td>
<td>□ Provided</td>
</tr>
</tbody>
</table>

□ Patio □ Pest Control □ Refrigerator □ Security System □ Stove □ Swimming Pool □ Washer/Dryer

THIS PORTION IS FOR OFFICE USE ONLY – CONTINUE TO PART IV ON NEXT PAGE

□ 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

Anniversary Date

Move In Date

Date Received

OLD CR: ________ NEW CR: ________

HAP: ________ HAP: ________

TR: ________ TR: ________

URP: ________ URP: ________
PART IV – OWNER/AGENT CERTIFICATION

<table>
<thead>
<tr>
<th>Address and Unit Number</th>
<th>Date Rented</th>
<th>Rental Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

**If this unit is subsidized, indicate:**

- Section 202
- Section 221 (d)(3)(BMIR)
- Section 236 (Insured or non-insured)
- Section 515 Rural Development
- Home
- Tax Credit
- Other (Describe Other Subsidy, Including Any State or Local Subsidy) ____________________________
- N/A

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 ___________________________