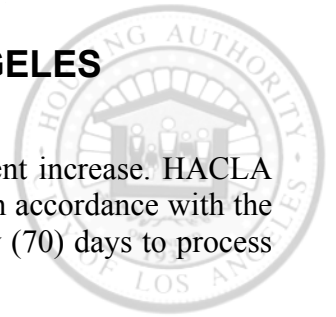


HOUSING AUTHORITY OF THE CITY OF LOS ANGELES REQUEST FOR RENT INCREASE



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. Please use only one:

(1) ONLINE 1. Go to www.hacla.org 2. Select "Section 8 Housing" 3. Click on "Owner Information" 4. Click on "Request for Rent Increase"	OR	(2) FAX (213) 252-6177	OR	(3) MAIL HACLA RRD 2600 Wilshire Blvd, 2 nd Fl Los Angeles, CA 90057
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REQUEST FOR RENT INCREASE (please print clearly)

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

SECTION 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)

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

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

SECTION 3. INTERNAL COMPARABLE RENT-OWNER'S CERTIFICATION (24CFR982.507 - 4/11)

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:
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