

If you wish to request a rent increase; complete, sign and return this form **with a copy of the notice served to the tenant. Requests must be submitted at least 60 days prior to effective date. Incomplete requests will not be processed and will be returned to you for completion.**

**LANDLORD RENT INCREASE WORKSHEET**

**Owner Information:**

Owner/Manager Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Unit Information:**

Address of Unit: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Baths: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Property Type:  Apartment  Condo  House  Duplex  Manufactured Home  Shared Housing

	Utility Service Responsibility:	Type of Utility:
Heating Fuel:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Cooking Fuel:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Water Heating:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Water:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	<input type="checkbox"/> City <input type="checkbox"/> Private
Sewer:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	
Trash:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	
Other Electricity:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	

**Appliances/Amenities Included:**

- Washer  Dryer  Washer/Dryer Hookups  On Site Laundry  Dishwasher  Microwave  
 Stove  Refrigerator  Garbage Disposal  Ceiling Fans  Gated Community  Pool  Balcony  
 Garage/Designated Parking Space  Lawn Maintenance  Central A/C  Window/Wall A/C

**Rent Information:**

Current Rent: \_\_\_\_\_ Requested Rent: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

I hereby certify the information I have entered above is true and accurate to the best of my knowledge.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

You may provide this form and a copy of your 60-day notice via email to [processingteam@hacsb.com](mailto:processingteam@hacsb.com) or to one of the addresses listed below:

**San Bernardino Office**  
672 S Waterman Ave  
San Bernardino, 92408

**Upland Office**  
1200 N Campus Ave  
Upland, 91786

**Victorville Office**  
15465 Seneca Rd  
Victorville, 92392