



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 or 90 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 Manufactured/Mobile Home
 Duplex Duplex (owner occupied with attached rental unit) 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 or 90-day notice via email to the assigned Housing Services Specialist 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