



Contra Costa County
HOME Investment Partnership Program
Community Development Block Grant
Rent Increase Request Form

Important Information

- Request for rent increases must be submitted at least sixty (60) days prior to the effective date of the increase.
- Rent for a HOME, NSP, or CDBG-assisted unit may be increased no more than once annually.
- The County will disapprove a rent increase request if it violates the schedule of maximum rents for the HOME/NSP/CDBG-assisted units or is greater than a 5% increase over the current rents.
- Tenants residing in a HOME/NSP/CDBG-assisted unit are required to receive at least thirty (30) days written notice of any such rent increase, following approval of this rent increase request form.
- For HOME projects funded after 2015, Housing Authority Utility Allowance is ineligible for HOME units, unless a waiver has been approved by HUD. Eligible utility allowance calculations are the HUD Utility Schedule Model or determining the allowance based upon the specific utilities used at the project.

To be Completed by Owner/Authorized Agent

This form must be completed in its entirety. You must attach a tenant roster that notes which units are HOME/NSP/CDBG-assisted. Refer to the executed HOME and/or NSP and/or CDBG Regulatory Agreement for required HOME/NSP/CDBG units.

Property Name:	
Property Address:	
Contact Name, Title:	
Contact Phone Number:	
Contact Email Address:	
Date of Request:	
Effective Date of Proposed Rent Increase:	
Have the current HOME/CDBG rent limits been reviewed?	Yes No

<u>BEDROOM SIZE</u>	<u>% AMI</u>	<u>CURRENT TENANT RENT</u>	<u>CURRENT UTILITY ALLOWANCE</u>	<u>CURRENT GROSS RENT</u>	<u>PROPOSED TENANT RENT</u>	<u>PROPOSED UTILITY ALLOWANCE</u>	<u>PROPOSED GROSS RENT</u>	<u>SUBSIDIES? Y/N</u>



Contra Costa County
HOME Investment Partnership Program
Community Development Block Grant
Rent Increase Request Form

Please list unit numbers and any subsidies associated with them (Project-Based Vouchers, Housing Choice Vouchers, 202, 811, etc.):

Owner/Authorized Agent Acknowledgement and Signature

I certify that the above information provided on this form is true and complete to the best of my knowledge. I understand this is only a request and is subject to County approval.

X

Owner/Authorized Agent

COUNTY USE ONLY

Date Received: _____
 Approved: Adjustments to Approval: _____ Effective Date of Rent Increase: _____
 Denied: Reasons for Denial: _____
 Completed By: _____
 Date Completed: _____

Regulatory Agreement Analysis – Refer to Occupancy Requirements (Article 2)

<u># of Units</u>	<u>% AMI</u>	<u>Bedroom Size</u>	<u>Concurs with Request Above (Y/N)</u>