HOUSING AUTHORITY
of the City of Long Beach

Community Development
521 E. Fourth Street
Long Beach, CA 90802
Tel 562 570-6985
Fax 562 499-1052

REQUEST FOR APPROVAL OF RENT INCREASE

Current date: 5/21/10

Owner name/agent:

Home phone: Cell phone:

Street address:

City: State: Zip code:

Email address: Contact you by: ◯ Mail ◯ E-Mail

Tenant name:

Unit address: Zip code:

Number of bedrooms: Number of bathrooms:

Current amount of contract rent: $

Requested increase amount: $

Requested effective date of new amount:

**(REQUEST MUST BE A MINIMUM OF 90 DAYS FROM THE 1ST OF THE FOLLOWING MONTH.
EXAMPLE: REQUEST DATE OCTOBER 15, MINIMUM EFFECTIVE DATE FEBRUARY 1.)**

Justification for increase: (If applicable, please note any pertinent information such as upgrades to unit, no previous rent increases, etc.

ATTACH COPY OF RENT INCREASE TO THE TENANT.

Signature Date

For questions or further information,
please contact the Inspection Unit Rent Reasonable desk at (562) 570-5307.

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