



Serving Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, Thousand Oaks, and the unincorporated areas of Ventura County

**ADDENDUM TO LEASE AND CONTRACT
 REQUEST FOR RENT INCREASE - VCP**

This form will need to be completed and returned to your Housing Technician with a copy of your **full 60 day** notice to your tenant. This form will help the Housing Authority determine the reasonableness of your request. The Housing Authority will not approve an increase until it is determined that the rent to owner is a reasonable rent. **Providing an incomplete rent increase form will be denied.**

Date: _____ Date Increase effective: _____

Agent/Owner Name: _____ Contact Phone #: _____

Rental Property Address: _____ City/Zip code: _____

Current Tenant: _____

Unit type: _____ Year built: _____ Square footage: _____

of Bedrooms: _____ # of bathrooms: _____ Garage: Yes No

Current Rent: \$ _____ Amt. of increase: \$ _____ New Rent Amount: \$ _____

REASON FOR INCREASE: _____

Outside maintenance provided by: Tenant Owner

Amenities provided by owner:

- | | |
|--|---|
| 1. Central A/C: <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Washer/Dryer connections in unit: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Carpeting: <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Window A/C Units: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Washer/Dryer in unit: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Fitness club/pool: <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Balcony/Patio: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Upgraded Kitchen: <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Senior Assisted living: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Hardwood Floors: <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comparable Unassisted Units (must list three rents equal or greater than the new rent amount requested)

	# Beds	# Baths	Address	\$ Rent	Owners Phone #
1.					
2.					
3.					

Comments: _____

Agent/Owner Signature: _____

FOR OFFICE USE ONLY:

Approved: Yes No Housing Technician: _____ Date: _____

Revised: 7/20/2022

