



Rent Review Request Form

Rent Review Ordinance
Echo Housing - Program Administrator
Phone: 1 (855) 275-3246 | **Fax:** 510-537-4793
Email: albanyrentreview@echofairhousing.org
Mail: 770 A Street #201, Hayward, CA 94541
www.albanyca.org/rentreview



Request form must be submitted to ECHO Housing within **15 calendar days** of your receipt of your Notice of Rent Increase

1. Tenant Name (s): _____
2. Tenant Address: _____ City: _____ Zip: _____
3. Tenant Phone: _____ Tenant Email: _____
4. Unit Type: Apartment Duplex/Triplex/Fourplex Single-Family/Condo Other: _____
5. Unit/Household Size: # of bedrooms _____ # bathrooms _____ # of occupants: Adults _____ Children _____ Pets _____
6. Move in Date: _____ How long have you lived at the above address: _____
7. Landlord Name: _____ Owner Property Manager
8. Landlord Phone: _____ Landlord Email: _____
9. Landlord Address: _____ City: _____ Zip: _____
10. Current Rent: _____ Amount of Rent Increase: _____ Rent Increase %: _____ Proposed New Rent: _____
11. Effective date of proposed new rent: _____
12. Date Notice of Rent Increase received: _____
(Attach copy of Landlord's Notice of Increase as you received it)

13. How did you receive you Notice of Rent Increase? * Hand Delivered By Mail By Email
*California Civil Code Sections 827(b) (1) (B), (2), (3); Code of Civil Procedure Section 1013 require rent increase notices be personally delivered AND mailed

14. Have you received 2 or more rent increases within the last 12 months? Yes: No:
 If yes, please complete the information below

<u>Rent Increase #1</u>	<u>Rent Increase #2</u>	<u>Rent Increase #3 (if applicable)</u>
Base Rent _____	Base Rent _____	Base Rent _____
Rent Increase Amount _____	Rent Increase Amount _____	Rent Increase Amount _____
New Rent Amount _____	New Rent Amount _____	New Rent Amount _____
Date of Increase _____	Date of Increase _____	Date of Increase _____

15. Check utilities included in rent: Gas Electricity Water Hot Water Garbage Other

16. Do you receive a housing subsidy to help you pay your rent (e.g. Section 8 (Housing Voucher), VASH, etc.)?
 Yes No If yes, please indicate which: _____

17. Was the City's "Notice of Availability of Rent Review" provided with your Notice of Rent Increase? Yes No

18. Are there other items regarding your rental unit/building that you would like to discuss?
 Please write on the back of this sheet or attach additional pages if necessary.

19. Desired outcome of the Rent Review Process _____

Tenant's Signature _____ Date: _____

For internal use only	Received by: _____ Date: _____
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Rent Review Request Application Fee* **\$15**
 *Fee waiver available - if tenant is receiving any public benefits including, but not limited to Medi-Cal, CalFresh (food stamps), CalWorks, General Assistance, SSI, SSP, Tribal TANF, IHSS or CAPL

ALL INFORMATION PROVIDED
IS PUBLIC RECORD