



**Stanislaus Regional Housing Authority**  
ALPINE | AMADOR | CALAVERAS | INYO | MARIPOSA  
MONO | STANISLAUS | TUOLUMNE COUNTIES

## **60 DAY NOTICE OF RENT INCREASE**

TENANT:

ADDRESS:

CITY/ST/ZIP

HAP #

This is to notify you that the total rent on the above-referenced unit will be increased from:

\_\_\_\_\_ to \_\_\_\_\_ effective on  
(Current Total Rent Amount) (New Total Rent Amount)

\_\_\_\_\_ 1<sup>st</sup>, 20\_\_\_\_\_.

**\* A copy of this notice was given to the above-named tenant on \_\_\_\_\_.**

**\*\*I confirm that this notice of rent increase meets the requirements of AB 1482 Tenant Protection Act of 2019.**

Landlord/Property Manager

Signature

Address

Telephone Number

Owner's email address

Please fax form to Housing Authority (209) 557-2035

Email: [yvilla@stancoha.org](mailto:yvilla@stancoha.org)

or Mail Form to: Stanislaus Housing Authority P.O. Box 581918 Modesto, CA 95358

