

60 / 90 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)

* 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 send notice to the Stanislaus Regional Housing Authority via:

Facsimile/Fax	(209) 557-2035; or
Email	RentIncreases@stanregionalha.org; or
US Postal	Stanislaus Regional Housing Authority
	PO Box 581918
	Modesto CA 95358

