Oxnard Housing Authority
Section 8 Rental Assistance Program
1470 Colonia Road, Oxnard, California 93030

CITY OF
OXNARD
CALIFORNIA

Rent Increase-Amenities Form

Instructions: Complete the following information. Attach copy of your original rent increase request. Rent increase must be received 60 days prior to effective date. The tenant must receive a copy of the rent increase request. These factors will be considered in determining if the requested rent is reasonable.

Family Name: _____   Contract Number: _____

LANDLORD CONTACT INFORMATION

PROPERTY LOCATION

*First Name: _____

*Last Name: _____

Company: _____

*Email: _____

*Primary Telephone Number: (_____) _____

*Address: _____

*Unit Number: _____

*City: _____ *State: _____

*Zip Code: _____

County: _____

PROPERTY INFORMATION

*Current Rent Amount: $ _____	*Requested Rent Amount: $ _____	*Bedrooms: _____ *Baths: _____	*Effective Date: ____/____/_____	*Square Footage: _____ *Year Built: _____	Pets Allowed: ☐ Yes ☐ No Lot Size: _____

*Property Type: (check one)
☐ House   ☐ Townhouse/Villa   ☐ Apartment   ☐ Condo   ☐ Mobile Home   ☐ Duplex

AMENITIES AND ACCESSIBILITY

Indoor:	Laundry Type:	Heat Type:		Kitchen:	Outdoor:
☐ Ceiling Fans	☐ W/D Hook-ups	☐ Baseboard	☐ Space	☐ Dishwasher	☐ Swimming Pool
☐ Furnished	☐ Washer (Provided)	☐ Boiler	☐ Central	☐ Stove	☐ Gated Community
☐ Fireplace	☐ Dryer (Provided)	☐ Heat Pump	☐ None	☐ Garbage Disposal	☐ Lawn Care Included
☐ Cable Included	☐ Onsite Laundry	☐ Radiator		☐ Refrigerator	☐ Trash Removal Included
☐ Security System		☐ Window/Wall		☐ Microwave	☐ Fenced Yard

Parking:		Exterior:	Other:	Utilities: (Electric Paid By)	Heating Fuel:	Heating Fuel Paid By:
☐ 1 Car Carport	☐ Unassigned	☐ Balcony	☐ Age Restricted	☐ Tenant	☐ Gas	☐ Tenant ☐ Owner
	☐ Assigned	☐ Deck	(Senior Complex)	☐ Owner	☐ Electric	☐ Tenant ☐ Owner
☐ 1 Car Garage	☐ Driveway	☐ Patio	☐ Pest Control Included		☐ Propane	☐ Tenant ☐ Owner
☐ 2 Car Garage	☐ Street	☐ Porch				
☐ 3 Car Garage	☐ None	☐ Yard				

Water Type:	Water Paid By:	Hot Water Fuel Type:	Hot Water Paid By:	Cooking Fuel Type:	Cooking Paid By:
☐ Well Water	☐ Tenant	☐ Gas ☐ Electric	☐ Tenant	☐ Gas ☐ Electric	☐ Tenant
☐ City Water	☐ Owner	☐ Propane	☐ Owner	☐ Propane	☐ Owner

Sewer Type:	Sewer Paid By:	Cooling Type:	Cooling Paid By:	♿ Accessibility: ☐ Yes ☐ No
☐ Septic Tank	☐ Tenant	☐ Central	☐ Tenant	Description: _____
☐ Public Sewer	☐ Owner	☐ None	☐ Owner	_____
		☐ Window/Wall		

Section 35 (A) of the United States Criminal Code makes it a criminal offense, punishable by a maximum of ten (10) years imprisonment, $10,000 fine or both to make a false statement or representation to any department or agency of the United States as to any matter within their jurisdiction. The information given above was requested by the Housing Authority of the City of Oxnard in its capacity as a city, state and federal agency.

I declare under penalty of perjury that the foregoing is true and correct.

Owner/Agent Signature: _____   Date: _____