



Shasta County

DEPARTMENT OF HOUSING AND COMMUNITY ACTION PROGRAMS

Shasta County Administration Center
2600 Park Marina Drive
Redding, CA 96001-1661
Phone: (530) 225-5160 FAX: (530) 225-5178

REQUEST FOR A RENT INCREASE

Tenant Name: _____

Unit Address: _____

Current Rent: \$ _____

Proposed Rent: \$ _____

Effective Date*: _____

Date Tenant Notified*: _____

***The owner must provide written verification of the rent increase to the tenant and the Shasta County Housing Authority at least 60 days prior to the effective date.**

Owner/manager Signature

Phone Number

Date

Proof of Service

I, the undersigned, being at least 18 years of age, declare that I served the following checked notice(s):

- Notice to Pay Rent or Quit dated: _____
- 30 Day Termination Notice dated: _____
- Rent Increase dated: _____
- Other: _____ dated: _____

On the following named resident(s) in the manner checked below: _____
Tenant Name

- By Personally handing a copy to the resident(s) on *(date)*: _____

OR

- By leaving a copy with *(name or description)* _____, a person of suitable age and discretion on *(date)*: _____ at tenant's residence usual place of business AND mailing a copy to tenant at tenant's place of residence on: _____ because tenant could not be found at tenant's residence or usual place of business.

OR

- By posting a copy on the premises on *(date)*: _____ (and giving a copy to a person found residing at the premises) AND mailing a copy to tenant at the premises on *(date)*: _____
 - Because tenant's residence and usual place of business cannot be ascertained

OR

- Because no person of suitable age or discretion could be found there.

AND

- Mailed or faxed a copy to the Shasta County Housing Authority on *(date)*: _____

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct and if called as a witness to testify thereto, I could do so competently.

Executed on: _____, 20____, in the City of _____, County of _____, State of California.

Signature _____ Printed Name: _____