

**GARDEN GROVE HOUSING AUTHORITY (GGHA)**  
**OPTIONAL 60-DAY RENT INCREASE REQUEST NOTICE**

Please complete, sign, date, and mail back to GGHA.

**OWNER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**OWNER'S E-MAIL ADDRESS:** \_\_\_\_\_

(Please provide e-mail to contact)

**TENANT'S NAME:** \_\_\_\_\_

**TENANT'S HOUSING ID #:** \_\_\_\_\_ **Bed Size:** \_\_\_\_\_ **Voucher Size:** \_\_\_\_\_

**TENANT'S ADDRESS:** \_\_\_\_\_

**CURRENT CONTRACT RENT:** \$ \_\_\_\_\_

**\*OWNER'S NEW PROPOSED RENT:** \$ \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

\*Owner's new proposed rent will be thoroughly evaluated by the GGHA inspection team.

List one (1) current NON-HOUSING comparable unit WITHIN YOUR BUILDING OR NEIGHBORHOOD where this unit is located for rental evaluation. This unit should be the SAME BEDROOM SIZE WITH SIMILAR AMENITIES as your tenant's unit. DO NOT LIST UNIT'S OUTSIDE OF THE CITY WHERE YOUR UNIT IS LOCATED.

**ADDRESS:** \_\_\_\_\_ **RENT:** \$ \_\_\_\_\_

-I CERTIFY THAT THE INFORMATION PROVIDED ABOVE REGARDING RENT COMPARABILITY IS TRUE. I HAVE ALSO SERVED A COPY OF THIS NOTICE TO THE TENANT.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

As the owner of this property, it is YOUR responsibility to turn this request into our office and not the tenant. Please mail this to our office at: **Garden Grove Housing Authority, PO BOX 3070, Garden Grove, CA 92842**. If you have any questions you can call us at 714-741-5150.