



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY
HOUSING AND COMMUNITY DEVELOPMENT SERVICES
3989 RUFFIN ROAD, SAN DIEGO, CA 92123
(858) 694-4801 • FAX (858) 467-9713

RENT INCREASE REQUEST – LANDLORD SELF CERTIFICATION FORM

I agree by submitting a rent increase request to the Housing Authority of the County of San Diego (HACSD), I declare under penalty of perjury under the laws of the State of California that:

- The proposed rent increase complies with local, state, federal, and fair housing laws and regulations.
- A rent increase request was provided to HACSD at least 60 days prior to the effective date of the change.

And either: (Select one appropriate status of your rental unit.)

I have read and understand the Tenant Protection Act and this unit is exempt under Cal. Civil Code 1947.12. Notice has been provided to tenant(s) residing at this unit of the applicable exemption.

OR

I have read and understand the Tenant Protection Act and this unit is not exempt under Cal. Civil Code 1947.12.

Please note that Section 8 Housing Choice Voucher recipients do not count as an exemption under the Tenant Protection Act for housing that is restricted as affordable housing by deed, government agency agreement, or other recorded document, or that is subject to an agreement that provides housing subsidies for affordable housing.

Landlord/Owner Printed Name

Date

Landlord/Owner Signature

Tenant Name

Assisted Unit Address

If you have any questions, please contact your Housing Specialist, or email the Housing Authority at HCDS_LandlordLiaison.HHSA@sdcounty.ca.gov.