CITY OF HAYWARD RENT INCREASE NOTICE ATTACHMENT

Name of Tenant(s)		Dat	te:	
Tenant's Address:				
The City of Hayward Re requires landlords to provincrease notice to a cover	vide the following inform		,	
The current rent for y	your rental unit is			
Your rent is being incourrent rent.	crease by	, which is a	% increase from your	
Starting on	, you v	vill pay	for rent.	
 By checking one of t the RRSO for the fol 		indlord states that this rer	nt increase complies with	
	☐ The rent has not been raised in the last 12 months and is less than or equal to 5% of the tenant's current rent.			
		I rent increase and does for the unit is attached).	s not exceed 10% of the	
	-	nprovement costs and com the City of Hayward is	does not exceed 10% of attached)	
investment. (AAttached is a copy of	pproval from the City of the tenant petition for	of Hayward to ensure a fa f Hayward or supporting or rm. This form starts the r e is consistent with the R	documents are attached) rent review process if the	
J	increase, please conta			
	·	Phone number:		
Address:		Email address:	_	
The best time to be reach	ed			
I, perjury under the laws of		ndlord or Representative) that the above is true and		
(Signature)		(date)		
Tenants are encouraged regarding the RRSO.	to contact the City	of Hayward Rent Revie	w office for information	
		Rent Review Office		
	Street	510) 583-4454 housing@hayward-ca.	dov	
	h Floor <i>r</i> ard, CA 1	www.hayward-ca.gov/hou		