

Letters to Owners/Agents

Option 1 and 3

<<Name>> <<Date>>
<<Company>>
<<Address>>
<<Address>>

SUBJECT: Automatic OCAF Rent Increase
<<Project name>>
<<Contract number>>
Rent Comparability Study Expires: <<Date>>

Dear <<Owner/Agent>>:

<<Project name>> is in a multi-year Housing Assistance Payments Contract and, as such, is eligible for an automatic OCAF rent increase to become effective <<Rent Increase Effective Date>>. The rent increase factor is <<0.00>>. The debt service amount used in the calculation of new rents is <<0.00>>.

Should you elect this rent increase, the new rents for <<Project name>> will be as indicated on the attached Exhibit A. Complete, execute and return three (3) forms HUD-92458 Rent Schedule Low Rent Housing to your HUD/PBCA within 10 days of receipt of this package.

Indicate below which rent increase option you are requesting be applied in the upcoming contract funding year. Complete the Project information section that follows, and return this Notice and any attachments to your HUD/PBCA within 10 days of receipt of this package (check one).

- I elect the attached automatic OCAF rent increase.
- I elect the attached automatic OCAF rent increase, and am submitting a Utility Analysis and recommendation for a change to the Utility Allowances.
- I request a **zero** budget-based rent adjustment in lieu of the OCAF adjustment and understand that this will result in renewed funding at current rents. I further understand that the OCAF adjustment for this year may not be recouped retroactively in the future. If applicable, I am submitting a Utility Analysis and recommendation for a change to the Utility Allowances. My signature on this letter certifies that I have reviewed the project's income and expenses and they are at levels that will enable me to continue to provide decent, safe and sanitary housing (**Not available for Option 3**).
- Other: _____

I (We) hereby **certify** that the debt service amount of <<0.00>> and the non-section 8 rent potential amount of \$_____ is true, accurate and complete to the best of my (our) knowledge and belief.

Project Name: _____

Owner Name: _____

Owner Signature: _____ Date: _____

Should you have any questions, please contact our office. It is very important that you send your response to the attention of _____ .

<<Signature Line>>
<<Title>>

OMB Control #2502-0587
Exp. (10/31/2012)

“Public reporting burden for this collection of information is estimated to average **1** hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for purposes of determining rent adjustments and will be used for estimating new rents. Response to this request for information is **required in order to receive the benefits to be derived**. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. **No confidentiality is assured.**”