<<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 is to be applied in the upcoming contract 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 to receive 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. Supporting documentation is enclosed.
* 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.
* I request a Budget-Based Rent Increase for the upcoming contract year. The required documentation for this rent increase is enclosed. If applicable, I am submitting a Utility Analysis and recommendation for a change to the Utility Allowances.
* Other:

*I/We, the undersigned, certify under penalty of perjury that the information provided above, including the debt service amount of <<0.00>> and the non–section 8 rent potential amount of <<0.00>>, is true and accurate.*

Project name

Owner name (print or type)

Owner signature

Date (mm/dd/yyyy)

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>>