



# CITY OF INGLEWOOD

## HOUSING PROTECTION DEPARTMENT



### Below Market Rent Increase Request Form

ALL FIELDS MUST BE COMPLETED. **USE ONE SHEET PER PROPERTY ADDRESS.** RETURN COMPLETED FORM TO:  
**Housingprotection@cityofinglewood.org**

**DO NOT INCLUDE SECTION 8 UNITS**

#### Property and Tenant Information

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Owner(s) Email: \_\_\_\_\_ Owner(s) Phone: \_\_\_\_\_

On-site Manager: Yes  No  AIN# \_\_\_\_\_

Does Owner live on Property? Yes  No  Total Number of Units: \_\_\_\_\_

How many residential units are on the Parcel? \_\_\_\_\_

Manager(s) Name: \_\_\_\_\_

Manager(s) Address: \_\_\_\_\_

Manager(s) Email: \_\_\_\_\_ Manager(s) Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Unit Number	# of bedrooms	Current Rent	Date of Last Increase

#### **HPD USE ONLY**

Date Received: \_\_\_\_\_

Date Approved/Denial Sent: \_\_\_\_\_