226(04/19)

NOTICE OF RENT INCREASE

DATE: ___ ___ ___

TENANT NAME(S): _____

RENTAL ADDRESS: _____ UNIT# _____

CITY: _____ STATE: _____ ZIP: _____

○ Personally delivered to tenant on ___ ___ ___ at ___:___ am/pm
Circle one

○ Mailed to tenant(s) via first class mail on ___ ___ ___ *(Add a minimum of three days to the effective date of the increase below for mailing, not including the date mailed)*

○ Mailed to tenant via first class mail, with a second notice copy attached in a secure manner to the main entrance to that portion of the premises of which the tenant has possession on ___ ___ ___ at ___:___ am/pm
Circle one

Pursuant to Oregon Law, this is to inform you that your monthly rent and any associated housing costs will be increased as set forth below. The effective date of the following increase shall be ___ ___ ___. ***(must be a minimum of 90 days from service of this notice, not including extra days for service by mail only)***.

RENT:	**Current Charges**	**Amount of Rent Increase**	**New Monthly Rent**
	Base Rent : $ _____	Base Rent : $ _____	Base Rent : $ _____
	Additional Rent (Pet): $ _____	Additional Rent (Pet): $ _____	Additional Rent (Pet): $ _____
	Additional Rent (Parking): $ _____	Additional Rent (Parking): $ _____	Additional Rent (Parking): $ _____
	Additional Rent (Garage): $ _____	Additional Rent (Garage): $ _____	Additional Rent (Garage): $ _____
	Additional Rent (Carport): $ _____	Additional Rent (Carport): $ _____	Additional Rent (Carport): $ _____
	Additional Rent (Storage): $ _____	Additional Rent (Storage): $ _____	Additional Rent (Storage): $ _____
	Other Rent: $ _____	Other Rent: $ _____	Other Rent: $ _____
	Other Rent: $ _____	Other Rent: $ _____	Other Rent: $ _____
			TOTAL NEW MONTHLY RENT: $ _____

*ASSOCIATED HOUSING COSTS:

*This section only applicable to properties in the City of Portland

Current Associated Housing Costs (Describe):	Amount of Increase in the Housing Cost:	New Associated Housing Costs (Describe):
_____ : $ _____	$ _____	_____ : $ _____
_____ : $ _____	$ _____	_____ : $ _____
_____ : $ _____	$ _____	_____ : $ _____

TOTAL RENT AND ASSOCIATED HOUSING COST: $ _____ **TOTAL NEW RENT AND ASSOCIATED HOUSING COST: $** _____

NOTE: Rent may not be increased more than 7% plus the annual 12-month average change in the Consumer Price Index for All Urban Consumers, West Region (All Items), as published by the Bureau of Labor Statistics of the United States Department of Labor in September of the prior calendar year.

○ If this circle is checked your landlord is increasing rent above the amount permitted by ORS 90.323.
The exemption claimed is due to : (check as applicable)

____ The first certificate of occupancy of the dwelling unit was issued less than 15 years from the date of the notice of rent increase. Date of first issuance of certificate of occupancy: ___ ___ ___

____ The landlord is providing reduced rent to the tenant as part of a federal, state or local program or subsidy.
Landlord is part of the following program/subsidy: _____

X_____ _____ _____
Landlord/Owner/Agent Date Landlord/Owner/Agent's telephone Landlord/Owner/Agent's address

WARNING: This form may not be reprinted without written Permission of the Oregon Apartment Association Inc.
© Copyright 2010 Ver. 4 04/2019
EQUAL HOUSING OPPORTUNITY

Copied to: _____

PREVIEW ONLY