NOTICE OF RENT INCREASE

TENANT(S): _____ DATE:_____
ADDRESS: _____ UNIT: _____
CITY: _____ STATE: _____ ZIP: _____

NOTICE OF RENT INCREASE

Please be advised that your rent will increase. The increase will be effective in thirty (30) days.** Your rent will increase by $____ beginning on _____ (this date must be at the beginning of a rental period). (Date)

Your new rent amount will be $_____.

Landlord:_____Phone:_____

Method of Service: Personal Service:____ Certified or Registered Mail:____*
*** Five days have been added for cure or termination if notice has been served by certified or registered mail.**

PREVIEW ONLY

©2009 NO PORTION of this form may be reproduced without written permission.