RENT ADJUSTMENT APPLICATION

City of San Bernardino
201 North "E" Street, Suite 301
San Bernardino, CA 92401

Applicant: _____

Address: _____

_____

Contact: _____

Phone: _____

Date of Last Adjustment: _____

Effective Date of Adjustment: _____

_____ _____
Signature Date

_____ _____
Approved By: Date

Comments: _____

_____

_____

Permissive Adjustment
%

Space #	Resident's Name & Address (Other than Park)	Current Monthly Rent	Annual Adjustment Amount	Proposed Monthly Rent