

**U.S. DEPARTMENT OF THE INTERIOR**

**NOTICE OF RENTAL ADJUSTMENT**

NAME OF OCCUPANT: _____	SOC. SEC. NO: _____	
INSTALLATION: _____	ORG. CODE: _____	QUARTERS NO: _____
PREPARED BY: _____	DATE: _____	

In accordance with the Quarters Assignment Agreement and the provisions of 400 DM 14, it has been determined that an adjustment in your net monthly rental charge is necessary for the reason(s) indicated below.

- |  |  |
|--|--|
| <input type="checkbox"/> Resurvey/reappraisal of private rental market | <input type="checkbox"/> Consumer price Index and other annual adjustments |
| <input type="checkbox"/> Five-year survey                              | <input type="checkbox"/> Change in amenities claimed                       |
| <input type="checkbox"/> Change in private rental market               | <input type="checkbox"/> Other   |

This adjustment will  increase  decrease your bi-weekly rent from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ beginning on \_\_\_\_\_.  
(Insert date)

If this adjustment is an increase of 25 percent or more, it will be implemented in increments over 12 months in equal quarterly increases, as follows.

<b>Increment No. 1:</b> Effective Date: _____	Bi-weekly Amount: \$ _____
<b>Increment No. 2:</b> Effective Date: _____	Bi-Weekly Amount: \$ _____
<b>Increment No. 3:</b> Effective Date: _____	Bi-Weekly Amount: \$ _____
<b>Increment No. 4:</b> Effective Date: _____	Bi-Weekly Amount: \$ _____

**NOTICE OF APPEAL RIGHTS:** You have the right to appeal this adjustment in accordance with 400 DM 17.4. Appeals shall be adjudicated as of the date the request for reconsideration is filed. The filing of a request for reconsideration and appeal shall not postpone the implementation of a proposed rate change pending adjudication of the appeal. Where an appeal results in a revision of the rental rate, the employee shall be accredited with whatever overpayment may have resulted during the period from the filing of the request for reconsideration to the date the decision is implemented.

**RECEIPT ACKNOWLEDGED**

**Date Delivered or Mailed to Occupant:** \_\_\_\_\_

**Certified Mail Receipt No.** \_\_\_\_\_ (If forwarded to occupant via signed certified mail)

**Receipt by Occupant:** \_\_\_\_\_  
(Signature of Occupant) (Date Signed)