



Because everyone should have a home.

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Abode Rapid Re-Housing Program

Notice of Rent Change

Date: _____

To: _____ (tenant)

Landlord:

Regarding Unit:

Due to a change in your income / rent / utility allowance, or due to your 3 month reassessment, your rent has been adjusted.

*Beginning on _____ your share of rent will be _____
monthly. Abode Service's share will be _____, for a total rent of
_____.*

If you have any questions regarding this adjustment, please contact my office during regular business hours.

Sincerely,

Housing Services Coordinator
Office: (510) 270-1200 ext. ____
Cell: (510) _____
Fax: (510) 249-9623
email@abodeservices.org

Abode Services believes everyone should have a home

Every day we provide housing and services to homeless people in our community while working to end the cycle of homelessness