



Landlord Petition for Individual Rent Adjustment

NOTA: SI USTED NO ENTIENDE ESTA PETICIÓN, NO TARDE EN COMUNICARSE CON EL PROGRAMA DE RENTA AL NÚMERO (510) 234-RENT [7368] PARA PEDIR UNA CITA Y RECIBIR UNA EXPLICACIÓN O TRADUCCIÓN.

Street #	Street Name	Zip Code

**Richmond
Property
Address**

Are any petitions for this property currently pending? Yes No Unknown

If yes, describe petition(s): _____

Total number of residential units on property, including exempt and owner-occupied units _____

See Page 2 ←

For all units for which increases are requested, list the unit designations, the names of all tenants in the unit, the beginning date of the tenancy, and the **current** rent being charged. (Rent increases can be granted only for units that are currently registered, i.e., **not** exempt.) Attach additional sheets if necessary.

Interpretation will be needed in the following language (Spanish or Other _____).

***Please Note:** Rent Increases for MNOI **MUST** be allocated among **ALL** Units

Grounds for Petition	Check	Reason(s)	Form
	<input type="checkbox"/>	Maintenance of Net Operating Income (MNOI) <i>(Capital Improvement Expenses included in Operating Expenses)</i>	Attachment A
	<input type="checkbox"/>	Increase in Number of Occupants	Attachment B
	<input type="checkbox"/>	Change in Space or Services	Attachment C
	<input type="checkbox"/>	Restoration of Annual General Adjustments (AGAs)	Attachment D

**Landlord
Information /
Agent
Information**
(if applicable)

Owner

Name: _____ Phone: (_____)_____

Business Address: _____

City, State, Zip: _____

Bus. Email: _____

Owner

Name: _____ Phone: (_____)_____

Business Address: _____

City, State, Zip: _____

Bus. Email: _____

Agent

Name: _____ Phone: (_____)_____

Business Address: _____

City, State, Zip: _____

Bus. Email: _____

Tenant Information
(Reproduce this page as needed)

Individual Unit Address	Current Tenants	Date Tenancy Began (mm/dd/yy)	Base Rent <i>(Rent paid on 7/21/15 or the first time the Tenant paid rent if they moved in after that day)</i>	Current Rent
	Name:	/ /	\$	\$
	Phone (If Known):			
	Name:	/ /		
	Phone (If Known):			
	Name:	/ /	\$	\$
	Phone (If Known):			
	Name:	/ /		
	Phone (If Known):			
	Name:	/ /	\$	\$
	Phone (If Known):			
	Name:	/ /		
	Phone (If Known):			
	Name:	/ /	\$	\$
	Phone (If Known):			
	Name:	/ /		
	Phone (If Known):			
	Name:	/ /	\$	\$
	Phone (If Known):			
	Name:	/ /		
	Phone (If Known):			

I (We) declare that each unit included in this petition has been properly enrolled and registered with the Richmond Rent Program for at least 30 days and is in compliance with The Richmond Fair Rent, Just Cause for Eviction, and Homeowner Protection Ordinance, Regulations and applicable state and local housing, Business License Tax, building, health and safety codes. I (We) declare under penalty of perjury under the laws of the State of California that the foregoing and all attached pages, including attached documentation, are true and correct to the best of my knowledge.

Signature: _____

Print Name: _____

Date: ____/____/____

Declaration
(Must be signed by
an owner of
record)

Signature: _____

Print Name: _____

Date: ____/____/____

Signature (Agent): _____

Print Name: _____

Date: ____/____/____

Note: All signatures must be original and all petitioning tenants must sign the Certification section of the petition.

California Civil Code Section 1947.7(g) provides in relevant part that:

A jurisdiction like the Richmond Rent Program is an Agency, which requires an owner to provide the name of a present or former tenant, where the tenant's name and any additional information provided concerning the tenant is confidential and shall be treated as confidential information within the meaning of the Information Practices Act of 1977. To comply, the Agency may request, but shall not compel, an owner to provide any information regarding a tenant other than the tenant's name.

PROOF OF SERVICE

I AM A RESIDENT OF _____ COUNTY AND WAS, AT THE TIME OF SERVICE,
OVER AGE EIGHTEEN. ON _____ (DATE), I SERVED ONE COPY OF THE
LANDLORD PETITION FOR INDIVIDUAL RENT ADJUSTMENT PETITION AND ATTACHMENTS

Attachment A Attachment B Attachment C Attachment D

BY: (CHECK APPROPRIATE BOX):

DELIVERING _____ IN PERSON TO THE FOLLOWING INDIVIDUAL:
[PRINT NAME OF TENANT(S) AND/OR TENANT'S REPRESENTATIVE:]

**PLACING _____ ENCLOSED IN A SEALED ENVELOPE WITH FIRST-CLASS POSTAGE
FULLY PAID, INTO A U.S. POSTAL SERVICE MAILBOX, ADDRESSED AS FOLLOWS:**
[PRINT NAME OF TENANT(S) AND/OR TENANT'S REPRESENTATIVE AND ADDRESS AS SHOWN ON ENVELOPE:]

**I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA
THAT THE FOREGOING IS TRUE AND CORRECT.**

Signature: _____ Date: _____

Printed Name: _____

*** Please note: All documents delivered or sent to the Tenant(s), must be filed with or sent to the Rent Program within 2 days.**

RICHMOND HOUSING RIGHTS CLINIC

Free legal assistance for Richmond residents
(landlords & tenants)



Have you received an eviction or rent increase notice?
Do you need legal assistance in an eviction case?
Do you need help completing a Rent Adjustment Petition?

Mondays 9 AM - 12 PM

Catholic Charities Richmond Service Center
217 Harbour Way, Richmond, CA 94804

Space is Extremely Limited

RSVP to Bay Area Legal Aid: (510) 233-9954

*We cannot guarantee everyone assistance - priority given to urgent
deadlines as determined by HRC staff*



BAY AREA LEGAL AID
WORKING TOGETHER FOR JUSTICE



**Catholic
Charities**
of the East Bay

CLÍNICA SOBRE DERECHOS DE VIVIENDA EN RICHMOND

Ayuda legal gratuita para los residentes de Richmond
(propietarios e inquilinos)



¿Ha recibido un aviso de desalojo o aumento de renta?

¿Necesita ayuda legal en un caso de desalojo?

¿Necesita ayuda para completar una petición para un ajuste de renta?

Los lunes de 9 AM - 12 PM

Catholic Charities Richmond Service Center
217 Harbour Way, Richmond, CA 94804

Espacio limitado

Confirme su asistencia con Bay Area Legal Aid:

(510) 233-9954

No podemos garantizar asistencia a todos - se da prioridad a plazos urgentes según se determine por el personal de la clínica



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