



## 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.

<b>Street #</b>	<b>Street Name</b>	<b>Zip Code</b>

**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

<b>Grounds for Petition</b>	<b>Check</b>	<b>Reason(s)</b>	<b>Form</b>
	<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
	<input type="checkbox"/>	Increase in Security Deposit Due to Addition of Pet(s)	Attachment E

Staff Use Only:
Petition No. RC _____

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**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: \_\_\_\_\_

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**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):			

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Note: All signatures must be original and all petitioning landlords 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.

**SPECIAL PROOF OF SERVICE<sup>1</sup>**

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       Attachment E

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:]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- EMAILING** \_\_\_\_\_ [print name of tenant(s) and/or tenant's representative] Provide any/all EMAIL ADDRESS(ES):

\_\_\_\_\_  
\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> This Special Proof of Service form has been created by the Richmond Rent Program solely for use during and in response to the COVID-19 pandemic.