

TENANT PETITION FOR RENT WITHHOLDING FOR FAILURE TO REGISTER

GENERAL INFORMATION & INSTRUCTIONS

The Richmond Rent Program and Rent Board Regulations require Landlords of Rental Units in the City of Richmond to pay the Residential Rental Housing Fee.

A Tenant, who resides on a property that is subject to the Richmond Rent Ordinance, may file a Petition for Authorization to Withhold Rent if the Landlord of the rental property they reside in has failed to pay the Residential Rental Housing Fee. Where non-payment of the Residential Rental Housing Fee implicates the exempt status of a rental property, the filing a Petition for Authorization to Withhold Rent shall trigger an investigation into the applicability and or exempt status of the rental property in question. An investigation in the status of the property may lead to an Administrative Determination of Exempt Status or Applicability, implicating whether the Residential Rental Housing Fee is owed. Rent Program Services Analysts are available to answer questions about the petition process by telephone at (510) 234-RENT [7368], Monday – Friday, 9:00 a.m. – 12:00 p.m. and 1:00 p.m. - 4:00 p.m.

PETITION REQUESTING THE WITHHOLDING OF RENT

To request authorization to withhold rent, you must mail or email the following items to the Richmond Rent Program address (below) or email to rent@ci.richmond.ca.us:

- 1. A completed petition signed by all petitioning tenants;
- 2. A Proof of Service stating that the landlord was served a copy of the petition and any documentation either by first-class mail or in person.

<u>Note</u>: A completed Proof of Service is required <u>each</u> time petition documents are filed and served on all other parties.

AFTER A PETITION IS FILED

Rent Board staff members will investigate the allegations in the petition to determine if withholding rent may be an option. All parties will be informed of any investigative findings. If registration status can be determined from Rent Board records, a tentative decision may be issued. If relevant facts are in dispute, a hearing will be scheduled before a Hearing Examiner. Notice of the time, date and place of hearing, and information about the hearing process, will be mailed to all parties no later than ten days before the scheduled date of the hearing. All parties will have an opportunity to be heard.

In the event of a hearing, the Hearing Examiner will issue a written decision and a copy will be mailed to the parties. If it is determined that the rental property is not in compliance with the Richmond Rent Ordinance for failure to pay the Residential Rental Housing Fee and the landlord does pay the Fee within the time allowed, the Tenant will be authorized to withhold future rent until the Residential Rental Housing Fee is paid.

Richmond Rent Program
440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804-1630
Telephone: 510-234-RENT (7368) Fax: (510) 307-8149

Email: rent@ci.richmond.ca.us Website: www.richmondrent.org

Staff Use Only:

Petition No. RC

TENANT PETITION FOR RENT WITHHOLDING FOR FAILURE TO PAY THE RENT PROGRAM RESIDENTIAL RENTAL HOUSING FEE

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.

your rental unit (510) 234 RENT p.m. – 4:00 p.m	Ring this pet is covered Γ [7368] di	ichmond, CA Zip Code:ition, please contact the Richmold by the Rent Ordinance. The Ruring business hours between S	ond Rent Pro Rent Progran 9:00 a.m. – 1	n can be contacted 2:00 p.m. and 1:0	d at
•		d in the following language (Sp	anish or Oth	er).	
2. Tenant Infor		equired): Daytime Phone &	Move-in	Amount Paid	Date Rent
Name (Print)	Unit #	E-mail Address	Date	for Rent	Last Paid
				\$	
				\$	
				\$	
				\$	
		ent from the property address &			-

3. <u>Landlord</u>: List the property owner(s), property manager(s) and the person to whom you pay your rent, if different.

Name		Daytime Phone		
Business Add	dress	City	State	Zip
Name		Daytime Phone		
Business Add	dress	City	State	Zip
Name		Daytime Phone		
Business Add	dress	City	State	Zip
4. Repre	esentative: Perso	on or organization authorized to	represent yo	ou, if any:
Name		Daytime Phone		
Business Add	dress	City	State _	Zip
□ A.	Non-Exempt/Ap Housing Fee(s) exempt from the the property or F Occupied, Rent- Unit). Specify th	pplicable grounds) plicability Status: The Landlord due to erroneously claiming the Rent Ordinance or that the Rental Unit (e.g. Landlord claim-Free or Not Available for Rent e Rental Unit(s) and the reason ordinance or why the Rent Ordinance or why the Rent Ordinance.	at one or monent Ordinance as that the proof or is not a Re a you believe	re Rental Units are e does to apply to operty is Owner-esidential Rental it is not exempt
□ B.	· ·	Fees: The landlord has not pai alties for the following year(s) f		•

6.	Additional Facts: Please state below any additional facts that demonstrate that					
	the Landlord has failed to pay the Resid	dential Rental Housing Fee or is subject to				
	the Residential Rental Housing Fee. Pl	ease attach a separate sheet, if needed:				
7.	Certification: I declare under penalty of	of perjury of the laws of the State of				
	California that the information in this pe	tition and any attachments is true and				
	correct to the best of my knowledge and	d belief.				
S	Signature	Date				
Р	Printed Name					
S	Signature	Date				
Р	Printed Name					
S	Signature	Date				
Р	Printed Name					
S	Signature	Date				
Р	Printed Name					

NOTE: All signatures must be original and all petitioning tenants must sign the Certification.

SPECIAL PROOF OF SERVICE

I am a resident of	County and was, at the time of
service, over age eighteen. On	(date), I served ONE
	nt Withholding for Failure to Register by: (CHECK
APPROPRIATE BOX): By: (check ☑ a	ppropriate box):
DELIVERING	in person to the following individual: <i>[print nam</i> nnagement Information:]
postage fully paid, into a U.S. Post	enclosed in a sealed envelope with first-class cal Service mailbox, addressed as follows: [print name of agement Information and address as shown on
EMAILING	[print name of Landlord(s) and/or Property IAIL ADDRESS:]
I DECLARE UNDER PENALTY OF	F PERJURY OF THE LAWS OF THE STATE OF OING IS TRUE AND CORRECT.
Signature:	Date:
	Date:

Note: 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.