


MOBILEHOME PARK OWNER PETITION
FOR APPROVAL OF RENT INCREASE

Note that these documents are subject to public review.

	City of San Leandro Community Development Dept. Housing Division 835 East 14 th Street San Leandro, CA 94577 510-577-6005	For City Use: (Date Stamp When Petition Received):
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- Prior to submitting this petition, **please read** the Mobilehome park space rent Stabilization Ordinance (San Leandro Municipal Code, Public Welfare Title 4, Chapter 4-39, Sections 4-39-100 through 4-39-257) and the Mobilehome park space rent Stabilization Administrative Procedures (www.sanleandro.org/depts/cd/housing/mobilehome_space_rent_stabilization_ordinance.asp);
- **Failure to provide needed information may result in this petition being rejected or delayed;**
- Attach copies of the documents that support your petition. Petitioner should maintain possession of the original documentation.

TYPE OF PETITION: Fair Return Capital Replacement Capital Improvement

Petitioner's Name and Contact Information (Must be registered Owner or Manager):

Name:	
City Registered:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager
Address:	
City, State, ZIP	
Telephone #:	
E-mail:	

Petitioner's Representative (Fill-out this section **only** if different from Petitioner):

Name:	
Title	
Address:	
City, State, ZIP	
Daytime Telephone #:	
E-mail:	



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For Capital Replacement OR Capital Improvement Petitions ONLY:

No. of spaces in the Mobilehome Park:	1.
No. of spaces with RVs not residing in park longer than 9 months:	2.
No. of spaces with long-term leases:	3.
Tot No. spaces covered by Mobilehome park space rent Stabilization Ord. (1-2-3=4):	4.
No. of Special Circumstance Households (≥62 Yrs/Disabled & Very Low Inc.): ¹ :	5.

Proposed Capital Replacement Cost:	\$
Proposed Capital Improvement Cost:	\$

<p>Approved San Leandro Business License? NOTE: The Mobilehome Park Owner must have a current business license--<u>attach to this application.</u> If it is not current, then a <i>Petition</i> may not be considered.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Business License No: _____</p>
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List dates of all *Petitions* filed:

<p>I / We petition for approval for a rent increase under the following City of San Leandro Mobilehome Park Space Rent Stabilization Ordinance:</p> <p><input type="checkbox"/> Fair Return (change to Base Rent; Section 4-39-217)</p> <p><input type="checkbox"/> Capital Replacement (temporary rent increase; Section 4-39-230(E))</p> <p><input type="checkbox"/> Capital Improvement (temporary rent increase; Section 4-39-230(F))</p> <p>Verification: I declare under penalty of perjury pursuant to the laws of the State of California that everything stated in and attached to this <i>Petition</i> is true. All documents attached to his <i>Petition</i> are true and correct copies of the original documents.</p>	
_____ Owner or Manager	_____ Date
_____ Petitioner's Representative (if applicable)	_____ Date

¹ The annual increase in rent attributable to Capital Improvements must be ≤4% of the rent for spaces being rented by Special Circumstances Households. The total increase in rent inclusive of approved Capital Improvements is limited to ≤8% per year for Special Circumstances Households.



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Documentation required for following Petitions²:

Fair Return Increase Change of Base Rent Section 4-39-217, 220	Capital Replacement Temporary Rent Increase Section 4-39-230	Capital Improvement Temporary Rent Increase Section 4-39-230
<input type="checkbox"/> Use Excel Rent Roll spreadsheet with present Base Rents to indicate Names and Addresses of all Mobilehome Owners subject to this proposed rent increase.	<input type="checkbox"/> Use Excel Rent Roll spreadsheet with present Base Rents to indicate Names and Addresses of all Mobilehome Owners subject to this proposed rent increase.	<input type="checkbox"/> Use Excel Rent Roll spreadsheet with present Base Rents to indicate Names and Addresses of all Mobilehome Owners subject to this proposed rent increase.
<input type="checkbox"/> Date rent increase is proposed to be effective.	<input type="checkbox"/> Evidence of consultation with impacted residents (Example: meeting agenda + attendee sign-in sheet)	<input type="checkbox"/> Evidence of consultation with impacted residents (Example: meeting agenda + attendee sign-in sheet)
<input type="checkbox"/> Statement as to why rent increase is needed.	<input type="checkbox"/> On above Rent Roll list or similar collect signatures from an adult resident of 50% +1 of Spaces whose rent will be impacted by the temporary increase.	<input type="checkbox"/> On above Rent Roll list or similar collect signatures from an adult resident of 50% +1 of Spaces whose rent will be impacted by the temporary increase.
<input type="checkbox"/> Copy of notice provided to Resident.	<input type="checkbox"/> Date rent increase is proposed to be effective.	<input type="checkbox"/> Date rent increase is proposed to be effective.
<input type="checkbox"/> Revenue/Expense Statements (Use Excel spreadsheet provided).	<input type="checkbox"/> Statement as to why temporary rent increase is needed.	<input type="checkbox"/> Statement as to why temporary rent increase is needed.
	<input type="checkbox"/> Copy of notice provided to residents	<input type="checkbox"/> Copy of notice provided to residents
	<input type="checkbox"/> Description of project	<input type="checkbox"/> Description of project
	<input type="checkbox"/> Cost of project (minimum 2 bids required)	<input type="checkbox"/> Cost of project (minimum 2 bids required)
	<input type="checkbox"/> Evidence project is necessary	<input type="checkbox"/> Evidence project is necessary
	<input type="checkbox"/> Proposed construction schedule (Start & End Dates)	<input type="checkbox"/> Proposed construction schedule (Start & End Dates)
	<input type="checkbox"/> Required permits to be secured, if any	<input type="checkbox"/> Required permits to be secured, if any
	<input type="checkbox"/> Amortization period	<input type="checkbox"/> Amortization period
	<input type="checkbox"/> Evidence that cost is lower of: >\$100/space *OR* >\$5,000	<input type="checkbox"/> Evidence that cost is lower of: >\$100/space *OR* >\$5,000
	<input type="checkbox"/> Calculation of costs amortized over time (Use Excel sheet provided.)	<input type="checkbox"/> Calculation of costs amortized over time (Use Excel sheet provided.)
	<input type="checkbox"/> Evidence that costs do not include those incurred due to unreasonable delay in project.	<input type="checkbox"/> Evidence that costs do not include those incurred due to unreasonable delay in project.
	<input type="checkbox"/> Evidence that costs are not associated with bringing Park into compliance with state and local laws.	<input type="checkbox"/> Evidence that costs are not associated with bringing Park into compliance with state and local laws.
	<input type="checkbox"/> Park owner statement that allowable monthly rent will be decreased by the amount increased at the end of the amortization period.	<input type="checkbox"/> Park owner statement that allowable monthly rent will be decreased by the amount increased at the end of the amortization period.

² Park Owner may submit any additional information it thinks is necessary to justify the proposed rent increase.



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Additional narrative/notes:

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FOR CITY OF SAN LEANDRO USE ONLY:

Date Petition Deemed Complete: _____
_____ Reviewer

Approved, Date: _____
_____ Rent Review Officer

Denied, Date: _____