City of San Leandro

RENT REVIEW HEARING REQUEST FORM

835 East 14th Street, San Leandro, CA 94577
Attention: Rent Review Board
(510) 577-6004 / (510) 577-6007 FAX / housing@sanleandro.org

If you need special accommodations due to physical disabilities or need translation services, contact (510) 577-6006 or TDD (510) 577-3343.

The Owner/Property Manager & Rent Review Board will receive a copy of this Hearing Request Form.

1. Tenant Name(s): _____________________________________________________________ RRB Case #: __________________

2. Address: ___________________________________________________________ City: ____________________ Zip: __________

3. Phone: __________________ Email: __________________________________________

4. Unit Type:     Apartment [__]     Duplex (2 renter-occupied units) [__]     Triplex [__]     Other_______________________________

5. Unit/Household Size:   # bedrooms _____   # bathrooms _____   # of occupants: Adults _____ Children _____ Pets _____

6. Move in Date: ___________________ How long at above address: ______________

7. Landlord Name: __________________________________________________________ Owner [__]     Property Manager [__]

8. Phone: __________________ Fax: __________________ Email: _________________________

9. Landlord Address: _____________________________________________________ City: __________________ Zip: __________

10. Current Rent: _______   Amount of Rent Increase: _______   Rent Increase %: _______   Proposed New Rent: _______

11. If you have received 2 rent increases within the last 12 months, please explain*: _____________________________________________________________

   *Owner/Property manager will be requested to provide your rental history, including rent increases.

12. Check utilities included in rent:  Gas [__]    Electricity [__]    Water [__]    Hot Water [__]    Garbage [__]    Other ______

13. Effective date of proposed new rent*: ____________________________

   *CA Civil Code 827(b) requires a 30 days' written notice for rent increase of 10% (or less) or a 60 days' written notice for rent increase greater than 10%.

14. Date Notice of Rent Increase received: ____________________________ (Attach copy of Landlord’s Notice of Increase as you received it.)

15. How did you receive your Notice of Rent Increase?*     Hand delivered [__]     Posted on Door [__]     By Mail [__]

   *CA Civil Code Sections 827(b)(1)(B),(2),(3); Code of Civil Procedure Section 1013 require rent increase notices be personally delivered or posted AND mailed.

16. Was the City’s Rent Review “Required Notice” provided with your Notice of Rent Increase?     Yes [__]     No [__]

17. Are there other items regarding your rental unit/building that you would like to discuss? Attach additional pages if necessary.

   __________________________________________________________________________
   __________________________________________________________________________

18. Desired outcome of the hearing.   Attach additional pages if necessary.   __________________________________________________________________________

   __________________________________________________________________________

Tenant’s Signature ___________________________ Date: ______________________

This Hearing Request Form must be received by the City within 21 calendar days of your receipt of your Notice of Rent Increase.