



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 / kanderson@sanleandro.org

If you need special accommodations due to physical disabilities or need translation services, contact (510) 577-6004 or TDD (510) 577-3343.

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

1. **TenantName(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.