



# City of San Leandro RENT REVIEW HEARING RESPONSE FORM

835 East 14<sup>th</sup> 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 Tenant and Rent Review Board will receive a copy of this Hearing Response Form.**

Response to RRB Case # \_\_\_\_\_ Date Rent Review Request Filed: \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. **Desired outcome of the hearing.** \_\_\_\_\_

2. **Unit Type:** Apartment  Duplex (2 renter-occupied units)  Triplex  Other \_\_\_\_\_

3. **# of buildings in property** \_\_\_\_\_ **# of units in property** \_\_\_\_\_ **# of stories** \_\_\_\_\_ **Approximate age** \_\_\_\_\_

4. **Unit/Household Size:** # bedrooms \_\_\_\_\_ # bathrooms \_\_\_\_\_ # of occupants: Adults \_\_\_\_\_ Children \_\_\_\_\_ Pets \_\_\_\_\_

5. **Tenant's Move in Date:** \_\_\_\_\_ **How long Tenant has been at above address:** \_\_\_\_\_

6. **Current Rent:** \_\_\_\_\_ **Amount of Rent Increase:** \_\_\_\_\_ **Rent Increase %:** \_\_\_\_\_ **Proposed New Rent:** \_\_\_\_\_  
*(Attach copy of tenant's rental history/rent ledger.)*

7. **Check utilities included in rent:** Gas  Electricity  Water  Hot Water  Garbage  Other \_\_\_\_\_

8. **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%.*

9. **Date Notice of Rent Increase was sent for this unit:** \_\_\_\_\_

10. **How did you send the Notice of Rent Increase for this unit?\*** 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.*

11. **Did you provide the City's Rent Review "Required Notice" with your Notice of Rent Increase?** Yes  No

12. **Is the notice that the Tenant provided in their Rent Review Hearing Request (included with this response request) the same as the notice that you provided?\*** Yes  No   
*\*If your answer is "No," then provide a copy of the rent increase notice that was delivered to the Tenant.*

13. **Has the building changed ownership in the past year?** Yes  No

14. **Were rents increased on all units?** Yes  No  (if no, please summarize below)

\_\_\_\_\_

15. **How was the new rent calculated?** \_\_\_\_\_

16. **Are there other items regarding this rental unit/complex that you would like to discuss?** Attach additional pages if necessary.

\_\_\_\_\_

**Owner's / Authorized Representative's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The City must receive this Response Form within 10 calendar days of receipt of your Tenant's Rent Review Hearing Request Form or your rent increase shall be void and you shall be required to properly re-notice your Tenant.**