City and County of San Francisco

Residential Rent Stabilization and Arbitration Board

TENANT HARDSHIP APPLICATION FOR INTERPRETER

Please complete a separate form for each adult in the household.

Case Information:

Case Number _____ Date of Hearing/Mediation _____ Time of Hearing/Mediation _____

Street Number of the Unit _____ Street Name _____ Unit Number _____ San Francisco, CA _____ Zip Code

Contact Information: (Please print)

First Name _____ Middle Initial _____ Last Name _____

Mailing Address: Street Number _____ Street Name _____ Unit Number _____ San Francisco, CA _____ Zip Code

Home Phone Number _____ Other Phone Number _____ Email Address _____

Hardship Information:

Name(s) and Age(s) of Dependents: _____

Briefly state the reason for hardship. (For example, fixed income, illness, inability to work (give reason), large medical bills, etc.)

_____

Briefly state the type of relief you would like: **I would like the Rent Board to provide the services of an interpreter for my hearing or mediation session at no charge.**

THE INTERPRETER MUST SPEAK THE FOLLOWING LANGUAGE: _____

Rental History:

Original Rent _____ Move-in Date _____ Unit Size (# of rooms or square footage) _____ # of Occupants _____

Current Base Rent _____ Bond/Water Bond Passthrough _____ Utility Passthrough _____ Capital Imp. Passthrough _____

Employment Information:

Current Employer _____ Position _____ Average # of Hours Worked/Week _____

Other Employment _____ Position _____ Average # of Hours Worked/Week _____

If unemployed, briefly describe what you are doing to look for work.

_____

Are you a student? ☐ Full-time ☐Part-time If you are an unemployed student, please explain why you are not working, at least part-time.

_____

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25 Van Ness Avenue #320
San Francisco, CA 94102-6033

Phone 415.252.4602
FAX 415.252.4699

TENANT HARDSHIP APPLICATION FOR INTERPRETER (page two)

▶There must be an entry for every line on this page, even if the amount entered is zero (0).◀

Income/Expense Summary for Current Year:

Income (monthly)		**Expenses (monthly)**	
Salary (gross)	_____	Current Rent	_____
Annual Bonus	_____	Phone	_____
Interest Income	_____	PG&E	_____
Social Security	_____	Water	_____
Rental Income	_____	Garbage	_____
Pension Payments	_____	Renter's Insurance	_____
Alimony	_____	Transportation	_____
Child Support	_____	Alimony/Child Support	_____
Dividends	_____	Medical Insurance	_____
Unemployment	_____	Medical Bills	_____
Worker's Compensation	_____	Entertainment	_____
Unemployment Comp.	_____	Food	_____
Other Income	_____	Car Loan/Insurance	_____
	_____	Loan Payments (specify)	_____
	_____		_____
Total Income:	**$ _____**	**Total Expenses:**	**$ _____**

Total Gross Income in Prior Two Calendar Years: **200___: $_____** **200___: $_____**

Current Assets and Liabilities:

Assets	**State Value Below**	**Debts and Liabilities**	
Checking	_____	Short Term Debt	
Savings	_____	(outstanding balance)	_____
Time Deposits	_____	Credit Cards	_____
Stocks Total	_____		_____
Bonds Total	_____	Credit Lines	_____
Retirement Funds	_____	Personal Loans	_____
Real Property (list address)			_____
_____	_____	Long Term Debt	
_____	_____	(outstanding balance)	_____
Automobiles	_____	Mortgages	_____
Clothing	_____	Car Loans	_____
Jewelry	_____	Student Loans	_____
Furnishings	_____	Medical Bills	_____
Art	_____	Dental Bills	_____
Other Personal Property	_____	Other _____	_____
Total All Assets:	**$ _____**	**Total All Debts:**	**$ _____**

I declare under penalty of perjury that the foregoing statement regarding my income, assets and liabilities is true and correct to the best of my knowledge and belief.

_____ Signature

_____ Date

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