City and County of San Francisco

Residential Rent Stabilization and Arbitration Board

MEMORANDUM

TO: **Landlord Appellant**

FROM: **Delene Wolf, Executive Director**

RE: **Landlord Hardship Appeals**

Your appeal on the basis of financial hardship must be accompanied by the attached "Landlord Hardship Application." The information contained in this form will provide the Rent Board Commissioners with a basis for deciding whether or not to grant your appeal.

It is not necessary for you to prove the amounts that you list on the Hardship Application form at this time. However, should the Commissioners accept your appeal and remand the case for a hearing, you will be required to submit documentation proving the veracity of the income, assets, resources and debts that you claim. Landlords should be aware that the Commissioners will be looking at your **total financial picture**, not just the income generated by the building at issue in this case. Therefore, it is suggested that you submit an operating expense schedule along with the application that summarizes the current income and expenses on this and any other properties that you own.

Please note that while a landlord may seek relief from the decision of an Administrative Law Judge based on financial hardship, a landlord's financial hardship is not a separate ground for a rent increase under the Rent Ordinance.

If you have any questions, please contact me at 252.4650.

Attached: Landlord Hardship Application

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

Phone 415.252.4602
FAX 415.252.4699

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LANDLORD HARDSHIP APPLICATION

Please complete a separate form for each landlord of the subject property.

If the landlord bases an appeal on grounds of financial hardship, the landlord must complete this Hardship Application. If the appeal is accepted for hearing, the landlord will be required to submit documentation proving the veracity of the claimed income, assets, resources and debts. The Administrative Law Judge will be looking at the **landlord's total financial picture, not just the income generated by the building at issue in this case**. Therefore, it is suggested that the landlord submit an operating expense schedule summarizing the current income and expenses on this and any other properties that the landlord owns.

Contact Information: (Please print)

First Name | Middle Initial | Last Name | Case Number

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

Mailing Address: Street Number | Street Name | Unit Number | City | State | 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), extraordinary medical bills, etc.)

Briefly state the type of relief you would like. (For example, installment plan for refund of rent overpayments, etc.)

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.

OVER PLEASE

558 LL Hardship Application 11/15/06

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San Francisco, CA 94102-6033

Phone 415.252.4602
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LANDLORD HARDSHIP APPLICATION (page two)

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

INCOME/EXPENSE SUMMARY - CURRENT YEAR

INCOME (Monthly)		**EXPENSES (Monthly)**	
Salary (Gross):	_____	Debt Service (Mortgage):	_____
Annual Bonus:	_____	Property Taxes:	_____
Interest Income:	_____	Utilities:	_____
Social Security:	_____	Repairs/Maintenance:	_____
Rental Income:	_____	Business License/Fees:	_____
Pension Payments:	_____	Fire/Theft Insurance:	_____
Alimony:	_____	Transportation:	_____
Child Support:	_____	Alimony/Child Support:	_____
Dividends:	_____	Medical Insurance:	_____
Unemployment:	_____	Medical Bills:	_____
Worker's Comp:	_____	Entertainment:	_____
Other Income:	_____	Food:	_____
		Automobile Loan/Insurance:	_____
		Loan Payments (specify):	_____
TOTAL INCOME:	_____	**TOTAL EXPENSES:**	_____

Total Gross Income in prior two calendar years (20_____ and 20_____): $_____ $_____

CURRENT ASSETS AND LIABILITIES

ASSETS	**State Value Below:**	**DEBTS AND LIABILITIES**	
Checking:	_____		
Savings:	_____	**SHORT TERM DEBT (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):**	
Automobile(s):	_____	Mortgages:	_____
Clothing:	_____	Car Loans:	_____
Jewelry:	_____	Student Loans:	_____
Furnishings:	_____	Medical Bills:	_____
Art:	_____		
Other Personal Property:	_____		
TOTAL ALL ASSETS:	$_____	**TOTAL ALL DEBTS:**	$_____

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

Signed: _____ **Dated:** _____

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