City and County of San Francisco

Residential Rent Stabilization and Arbitration Board

MEMORANDUM

TO: **Tenant Appellant**

FROM: **Delene Wolf, Executive Director**

RE: **Tenant Hardship Appeals**

In order to appeal a Decision of the Administrative Law Judge on the basis of financial hardship, you must complete the attached "Hardship Appeal to the Board" form. Your "Hardship Appeal to the Board" form must be accompanied by the attached "Tenant Hardship Application." The information contained in these forms 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 Tenant Hardship Application form at this time, but please provide all requested information. However, should the Commissioners accept your appeal and remand the case for hearing, you will be required to submit documentation proving the veracity of the income, assets, resources and debts that you claim. Tenants should be aware that the criteria used by the Rent Board Commissioners is the same as the guidelines employed by HUD (Federal Housing and Urban Development Department) – rent payments should comprise no more than 30-35% of gross income. If you are a student, you will have to explain why you are not working, at least part-time. Tenants claiming hardship should consider furnishing a copy of their most recent tax return at the time of the remand hearing should the hardship appeal be accepted.

For rent increases based on grounds other than a capital improvement petition filed on or after February 21, 2003, a tenant must appeal the Administrative Law Judge's decision on the basis of financial hardship **within 15 calendar days after the mailing of the decision**. If the appeal form is timely filed, the tenant need not pay the approved rent increase while the appeal is being processed and considered. This time period will be extended if the Board accepts the appeal and grants a hardship hearing. However, if the appeal is denied, the tenant will have to pay the rent increase retroactive to the effective date.

SPECIAL RULE FOR HARDSHIP APPEAL OF A RENT INCREASE BASED ON A CAPITAL IMPROVEMENT PETITION FILED ON OR AFTER FEBRUARY 21, 2003

For rent increases based on a capital improvement petition filed on or after February 21, 2003, a tenant may appeal the decision of the Administrative Law Judge (ALJ) on the basis of financial hardship **at any time after the decision is issued**, even after expiration of the 15-day appeal period. (Appeals of capital improvement decisions based on grounds other than financial hardship must still be filed within 15 calendar days after the mailing of the ALJ's decision and must be on a separate appeal form.) After this appeal form is filed, the tenant need not pay the capital improvement passthrough for the next 60 days while the appeal is being processed and considered. This time period will be extended if the Board accepts the appeal and grants a hardship hearing.

If you have any questions, please contact me at 252-4650.

Attached: Tenant Hardship Appeal to the Board
Tenant Hardship Application

557 TT Hardship Appeal 2/1/11

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

Phone 415.252.4602
FAX 415.252.4699

City and County of San Francisco

Residential Rent Stabilization and Arbitration Board

TENANT HARDSHIP APPEAL TO THE BOARD

Tenant appeals based on financial hardship must be filed no later than fifteen (15) calendar days after the mailing of the Administrative Law Judge's Decision, unless the Decision being challenged is based on a capital improvement petition filed on or after February 2003, in which case the hardship appeal can be filed at any time after the Decision is issued. Appeals based on grounds other than financial hardship must be filed on a separate appeal form, within 15 calendar days after the mailing of the Administrative Law Judge's Decision.

THIS APPEAL MUST BE ACCOMPANIED BY THE TENANT HARDSHIP APPLICATION FORM.

Case Number _____ Date Decision was Mailed _____ Name of Administrative Law Judge _____

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

- ☐ I appeal the Administrative Law Judge's decision on the basis of financial hardship.
- ☐ I have completed the attached Tenant Hardship Application Form.
- ☐ I am appealing a decision based on a capital improvement petition filed on or after February 21, 2003.
- ☐ I would like the Rent Board to provide an interpreter for my hearing at no charge. Language: _____

NOTE: THE RENT BOARD WILL MAIL A COPY OF THIS APPEAL TO THE OTHER PARTY(IES). HOWEVER, THE PARTIES MUST SERVE EACH OTHER WITH ALL OTHER DOCUMENTS FILED AFTER THE INTIAL FILING OF THIS APPEAL AND NOTIFY THE RENT BOARD IN WRITING THAT THEY HAVE DONE SO.

Date _____ Signature* _____

*If representative, print name _____

Tenant Information: * If there is more than one tenant, attach additional names and addresses.

First Name _____ Middle Initial _____ Last Name _____

Mailing Address: Street Number _____ Street Name _____ Unit Number _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Other Phone Number _____ Email Address _____

Tenant Representative Information:

First Name _____ Middle Initial _____ Last Name _____

Mailing Address: Street Number _____ Street Name _____ Unit Number _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Other Phone Number _____ Email Address _____

ADDITIONAL INFORMATION REQUIRED ON NEXT PAGE

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TENANT HARDSHIP APPEAL TO THE BOARD (page two)

Landlord Information:

First Name | Middle Initial | Last Name

Mailing Address: Street Number | Street Name | Unit Number | City | State | Zip Code

Home Phone Number | Other Phone Number | Email Address

Landlord Representative Information:

First Name | Middle Initial | Last Name

Mailing Address: Street Number | Street Name | Unit Number | City | State | Zip Code

Home Phone Number | Other Phone Number | Email Address

Other Party Information: Please specify the other party's role in this case _____

First Name | Middle Initial | Last Name

Mailing Address: Street Number | Street Name | Unit Number | City | State | Zip Code

Home Phone Number | Other Phone Number | Email Address

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TENANT HARDSHIP APPLICATION

You must complete a separate form for each adult in the household. Tenants should be aware that the criteria used by the Rent Board to determine hardship is the same as the guidelines employed by HUD (Federal Housing and Urban Development Dept.) – rent payments should generally comprise no more than 30-35% of gross income.

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

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. (For example, temporary deferment of rent increase for a certain period, permanent deferment of all or part of the approved rent increase, etc.)

Rental History:

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

Current Base Rent | Current Utility Passthrough | Current Bond/Water Bond Passthrough | Prior Capital Imp. Passthrough

Recently approved rent increase amount that is resulting in a financial hardship for me: **$**_____

I have paid this increase. ☐ Yes ☐ No

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.

ADDITIONAL INFORMATION REQUIRED ON NEXT PAGE

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TENANT 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 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: **201___: $_____** **201___: $_____**

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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