



Tenant Petition: Multiple Grounds

NOTA: SI USTED NO ENTIENDE ESTA PETICIÓN, NO TARDE EN COMUNICARSE CON EL PROGRAMA DE RENTA AL NÚMERO (510) 234-RENT [7368] PARA PEDIR UNA CITA Y RECIBIR UNA EXPLICACIÓN O TRADUCCIÓN.

Overview

Any Landlord or Tenant of a Rental Unit covered by the Richmond Fair Rent, Just Cause for Eviction and Homeowner Protection Ordinance may file a Petition for a change in the rent pursuant to the City of Richmond's Rent Program regulations.

Check all boxes below that apply. It is recommended that all Tenants requesting a change in rent contact the Rent Program staff for assistance or answers to questions prior to filing a Tenant Petition.

The Rent Program Regulations are located at: <http://www.ci.richmond.ca.us/3476/Laws-and-Regulations>. Richmond Rent Program staff members are available, in person or by telephone, on the following days and times: Monday through Friday 9:00 a.m. – Noon and 1:00 – 4:00 p.m.

Richmond Property Address

Address

Unit #

Zip Code

Interpretation will be needed in the following language: (Spanish or Other _____).

Grounds for Petition

You will need to check the boxes that apply to your situation and complete the Attachments that support each reason for the Petition.

(See Attachment Form for Detailed Explanations).

Check

Reason(s)

Form

- | | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Excess Rent Due to Overcharges or Failure to Refund Security Deposit | Attachment A |
| <input type="checkbox"/> | Excess Rent Based on Overpayment Due to the Condition of the Rental Unit and/or Reduction in Rent Due to Decrease in Space/Services; Substantial Deterioration; Failure to Provide Adequate Services; Failure to Comply with Codes or the Implied Warranty of Habitability | Attachment B |
| <input type="checkbox"/> | Reduction in Number of Tenants Allowed | Attachment C |

Staff Use Only:
Petition No. RC _____

Tenant Information

(Required)

Tenant 1

Name: _____

Mailing Address: _____

Phone*: (_____) _____

Email*: _____

Dates of Occupancy (mm/dd/yyyy):

Start ____/____/____ End ____/____/____

Tenant 2

Name: _____

Mailing Address: _____

Phone*: (_____) _____

Email*: _____

Dates of Occupancy (mm/dd/yyyy):

Start ____/____/____ End ____/____/____

Tenant 3

Name: _____

Mailing Address: _____

Phone*: (_____) _____

Email*: _____

Dates of Occupancy (mm/dd/yyyy):

Start ____/____/____ End ____/____/____

Tenant 4

Name: _____

Mailing Address: _____

Phone*: (_____) _____

Email*: _____

Dates of Occupancy (mm/dd/yyyy):

Start ____/____/____ End ____/____/____

Rent History

What was the Base Rent or Rent Paid by the Tenant on July 21, 2015?

\$ _____

If your Tenancy began after July 21, 2015, what was the rent you paid at the time you first moved in and paid full rent?

\$ _____

What is your Current Rent (the rent your most recently paid)?

\$ _____

**Landlord
Contact
Information**
(required)

Name: _____

Phone: (_____) _____

Business Address: _____

City, State, Zip: _____

Bus. Email: _____

**Property
Manager
Contact
Information**
(if applicable)

Name: _____

Phone: (_____) _____

Business Address: _____

City, State, Zip: _____

Bus. Email: _____

**Tenant
Representative
Information**
(If applicable)

Relationship to Petitioner/Respondent: _____

Organization Name (if any): _____

Name: _____

Phone: (_____) _____

Business Address: _____

City, State, Zip: _____

Bus. Email: _____

NOTE: All signatures must be original and all petitioning tenants must sign the Attachments under penalty of perjury.

Declaration:

I (we) declare under penalty of perjury under the laws of the State of California that the foregoing, and all attached pages including supporting documentation, are true and correct to the best of my knowledge.

Print Name:

Signature:

Date

Print Name:

Signature:

Date

Print Name:

Signature:

Date

Print Name:

Signature:

Date

PROOF OF SERVICE

I AM A RESIDENT OF _____ COUNTY AND WAS, AT THE TIME OF SERVICE, OVER AGE EIGHTEEN. ON _____ (DATE), I SERVED ONE COPY OF THE Tenant Petition: Multiple Grounds and Attachment(s) Attachment A Attachment B Attachment C

By: (check appropriate box only):

DELIVERING _____ IN PERSON TO THE FOLLOWING INDIVIDUAL:
[PRINT NAME OF LANDLORD(S) AND/OR PROPERTY MANAGEMENT INFORMATION:] *

PLACING _____ ENCLOSED IN A SEALED ENVELOPE WITH FIRST-CLASS POSTAGE FULLY PAID, INTO A U.S. POSTAL SERVICE MAILBOX, ADDRESSED AS FOLLOWS:
[PRINT NAME OF LANDLORD(S) AND/OR PROPERTY MANAGEMENT INFORMATION AND ADDRESS AS SHOWN ON ENVELOPE:] *

I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____ Date: _____

Printed Name: _____

*** Please note: All documents delivered or sent to the Landlord and/or Property Management must be filed with the Rent Program at the same time or in a timely manner.**

RICHMOND HOUSING RIGHTS CLINIC

Free legal assistance for Richmond residents
(landlords & tenants)



Have you received an eviction or rent increase notice?
Do you need legal assistance in an eviction case?
Do you need help completing a Rent Adjustment Petition?

Mondays 9 AM - 12 PM

Catholic Charities Richmond Service Center
217 Harbour Way, Richmond, CA 94804

Space is Extremely Limited

RSVP to Bay Area Legal Aid: (510) 233-9954

*We cannot guarantee everyone assistance - priority given to urgent
deadlines as determined by HRC staff*



BAY AREA LEGAL AID
WORKING TOGETHER FOR JUSTICE



**Catholic
Charities**
of the East Bay

CLÍNICA SOBRE DERECHOS DE VIVIENDA EN RICHMOND

Ayuda legal gratuita para los residentes de Richmond
(propietarios e inquilinos)



¿Ha recibido un aviso de desalojo o aumento de renta?

¿Necesita ayuda legal en un caso de desalojo?

¿Necesita ayuda para completar una petición para un ajuste de renta?

Los lunes de 9 AM - 12 PM

Catholic Charities Richmond Service Center

217 Harbour Way, Richmond, CA 94804

Espacio limitado

Confirme su asistencia con Bay Area Legal Aid:

(510) 233-9954

No podemos garantizar asistencia a todos - se da prioridad a plazos urgentes según se determine por el personal de la clínica



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