



Hearing No.: RRB2010-

# CITY OF SAN LEANDRO COMMUNITY DEVELOPMENT DEPARTMENT RENT REVIEW HEARING REQUEST FORM

Rent Review Board  
835 E. 14<sup>th</sup> Street,  
San Leandro, CA 94577  
Attention: Tom Liao, Housing / CDBG Manager  
(510) 577-6003 Telephone; (510) 577-3243 TDD; (510) 577-6007 FAX

*Please return this form and a copy of the rent increase notice (and all attachments including the envelope and Rent Review Board Notice) to the above address within 15 days after receipt. The owner and property manager will receive a meeting notice and a copy of this Request Form*

*If special accommodations are required for the disabled, or if you need a translator, please call the Community Development Department at (510) 577-6004 or TDD (510) 577-3343.*

1. Name(s): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: (H) \_\_\_\_\_  
(W) \_\_\_\_\_
4. How long at above address? \_\_\_\_\_
5. Do you have a lease or a month-to-month agreement? \_\_\_\_\_
6. If you have a lease, when will the lease expire? \_\_\_\_\_
7. Date Notice of Increase Received: \_\_\_\_\_
8. Amount of increase: \_\_\_\_\_
9. Effective date of proposed new rent: \_\_\_\_\_

10. **RENTAL HISTORY**

	<u>Dates</u>	<u>Amount</u>
a. Current rent:	From: _____ to: <u>present</u>	\$ _____
b. Previous rent:	From: _____ to: _____	\$ _____
c. Previous rent:	From _____ to: _____	\$ _____

11. Check utilities included in rent:

Gas  Electricity  Water  Hot Water  Garbage  Parking  Other

12. List information applicable to your unit:

Number Bedrooms: \_\_\_\_\_ Number of Baths: \_\_\_\_\_

Number of occupants when you signed the rental agreement:

Adults \_\_\_\_\_ Children \_\_\_\_\_ Pets \_\_\_\_\_

Current number of occupants:

Adults \_\_\_\_\_ Children \_\_\_\_\_ Pets \_\_\_\_\_

13. Condition of unit:

Excellent       Good       Poor

14. Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (if known): \_\_\_\_\_

15. Property Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

16. List any additional items regarding your unit or the apartment complex that you would like to bring to the attention of the Rent Review Board:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Desired outcome of the hearing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tenant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant's Authorized Representative (if applicable):

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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