



Hearing No.: RRB2006-

**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 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: \_\_\_\_\_