



**CITY OF SAN LEANDRO
COMMUNITY DEVELOPMENT DEPARTMENT
RENT REVIEW HEARING *RESPONSE FORM***

Rent Review Board
835 E. 14th Street,
San Leandro, CA 94577

(510) 577-6002 Telephone (510) 577-3243/TDD
FAX: (510) 577-6007

Please return this form to the Community Development Department within ten (10) days of receipt, with any additional attachments that you may wish to submit. This response form will be provided to the Rent Review Board for reference at the hearing.

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

RENT REVIEW BOARD USE ONLY

Response to Rent Review Request No: _____ Date Rent Review Request Filed: _____

Tenants Name and Property Address:

Owner's Name and Mailing Address:

Phone No.: _____

Desired Outcome of Hearing:

- 1. Date increase notice sent for this unit: _____
- 2. How long has tenant been at above address: _____ Lease? Month to Month?

3. RENTAL HISTORY

a. Effective date of proposed new rent: _____ Proposed Amount: \$ _____

Dates:

Amount:

b. Current rent: From: _____ to present: \$ _____

c. Former rent: From: _____ to: _____ \$ _____

d. Former rent: From _____ to: _____ \$ _____

4. Has the building changed ownership in the past year? Yes No
5. Were rents increased on all units? Yes No (If no, please summarize below)

6. Number of units in building _____ Number of stories _____ Approximate Age _____
7. How was new rent calculated? _____
8. Check utilities included in rent:
- Gas Electricity Water Hot water Garbage Parking Other

9. Provide applicable information for this 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 _____

Describe below or provide an attached statement about any additional items regarding your unit or the apartment complex that you would like to bring to the attention of the Rent Review Board:

If you will not be present at the hearing, your authorized representative must be able to attend the hearing and make decisions on your behalf. Failure to send an authorized representative will render the rent increase void and unenforceable. Please sign below and indicate if you are appointing a representative.

Owners Signature: _____ **Date:** _____

10. Owner's Authorized Representative (if applicable):

Signature: _____

Address: _____

Phone: _____

11. Property Manager's Name (if applicable):

Signature: _____

Address: _____

Phone: _____