



San Francisco Residential Rent Stabilization and Arbitration Board

MEMORANDUM

TO: Landlord Appellant

FROM: Delene Wolf, Executive Director

RE: Landlord Hardship Appeals

Your appeal on the basis of financial hardship must be accompanied by the attached "Landlord Hardship Application." The information contained in this form 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 Hardship Application form at this time. However, should the Commissioners accept your appeal and remand the case for a hearing, you will be required to submit documentation proving the veracity of the income, assets, resources and debts that you claim. Landlords should be aware that the Commissioners will be looking at your **total financial picture**, not just the income generated by the building at issue in this case.

Please note that while a landlord may seek relief from the decision of an Administrative Law Judge based on financial hardship, a landlord's financial hardship is not a separate ground for a rent increase under the Rent Ordinance.

If you have any questions, please contact me at 252.4650.

Attached: Landlord Hardship Application

San Francisco Residential Rent Stabilization and Arbitration Board

INSTRUCTIONS FOR COMPLETING HARDSHIP APPEAL

(1) If the landlord bases an appeal on grounds of financial hardship, the landlord must complete the attached Hardship Application. If the appeal is accepted for hearing, the landlord will be required to submit documentation proving the veracity of the claimed income, assets, resources and debts. The Administrative Law Judge will be looking at the **landlord's total financial picture, not just the income generated by the building at issue in this case.**

(2) Please complete a separate Landlord Hardship Application form for each owner of the subject property.

Rent Board Date Stamp

LANDLORD HARDSHIP APPEAL

↓ Property Information ↓

Full Property Address _____ San Francisco, CA 941 _____ Zip Code

Date Building Constructed _____ # of Units in Building _____ Case Number of Decision Being Appealed _____

↓ Owner Information ↓

1.

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Other Phone Number _____

↓ Owner Information ↓

2.

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Other Phone Number _____

If someone other than the owner is authorized to represent the owner's interests in this petition, please fill out the applicable information below. Non-attorney representatives must attach written authorization to represent the owner.

↓ Landlord Representative Information (if applicable) ↓ Attorney Non-attorney Representative

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Other Phone Number _____

ADDITIONAL INFORMATION REQUIRED ON NEXT PAGE

LANDLORD HARDSHIP APPEAL

List every tenant who may be affected by this Hardship Appeal. If more than 3 tenants, attach additional page with contact information for all other tenants. Also list any attorney or representative of such tenant(s).

↓ Tenant Information ↓

1.

First Name Middle Initial Last Name

Mailing Address: Street Number Street Name Unit Number City State Zip Code
(if different from unit address)

Primary Phone Number Other Phone Number

↓ Tenant Information ↓

2.

First Name Middle Initial Last Name

Mailing Address: Street Number Street Name Unit Number City State Zip Code
(if different from unit address)

Primary Phone Number Other Phone Number

↓ Tenant Information ↓

3.

First Name Middle Initial Last Name

Mailing Address: Street Number Street Name Unit Number City State Zip Code
(if different from unit address)

Primary Phone Number Other Phone Number

↓ Tenant Representative Information (if applicable) ↓ Attorney Non-attorney Representative

First Name Middle Initial Last Name

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

Primary Phone Number Other Phone Number

San Francisco Residential Rent Stabilization and Arbitration Board

LANDLORD HARDSHIP APPLICATION

Every owner of the property must complete a separate Hardship Application.

(The Rent Board will be looking at your total financial picture, not just the income and expenses for the building at issue in this case. Please submit documentation proving the veracity of the income, expenses, assets and liabilities that you claim below.)

▶ **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

Monthly Income

Salary (gross) _____
Annual Bonus _____
Interest Income _____
Social Security _____
Rental Income _____
Pension Payments _____
Alimony/Child Support _____
Dividends _____
Unemployment Comp. _____
Worker's Compensation _____
Other Income: _____
Total Income: \$ _____

Monthly Expenses (total for all properties you own)

Debt Service (Mortgage) _____
Property Taxes _____
Utilities _____
Repairs/Maintenance _____
Business License/Fees _____
Fire/Theft Insurance _____
Transportation _____
Alimony/Child Support _____
Medical Insurance _____
Medical Bills _____
Entertainment _____
Food _____
Automobile Loan/Insurance _____
Loan Payments (specify) _____
Total Expenses: \$ _____

Total Gross Income in Prior Two Calendar Years:

201__ : \$ _____ 201__ : \$ _____

Current Assets and Liabilities

Assets

Checking _____
Savings _____
Time Deposits _____
Stocks Total _____
Bonds Total _____
Real Property (list address)
1. _____
2. _____
3. _____
Total All Assets: \$ _____

State Value Below

Debts and Liabilities

Short Term Debt (outstanding balance):
Credit Cards _____
Credit Lines _____
Personal Loans _____
Long Term Debt (outstanding balance):
Mortgages _____
Car Loans _____
Student Loans _____
Medical Bills _____
Total All Debts: \$ _____

Hardship Information

Number and Age(s) of Dependents _____

Average # of Hours Worked/Week _____

Briefly state the reason for hardship
(e.g. fixed income, illness, inability to work, large medical bills, etc.) _____

Briefly state the type of relief sought
(e.g. repayment plan, reduction of payment, other) _____

Declaration of Landlord Petitioner

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THIS INFORMATION AND EVERY ATTACHED DOCUMENT, STATEMENT AND FORM IS TRUE AND CORRECT.

(Print Name)

(Signature of Owner or Authorized Representative)
(circle one)

(Date)