



San Francisco Residential Rent Stabilization and Arbitration Board

Si necesita este formulario en Español, por favor llame al 415-252-4602 o visite a la oficina de La Junta del Control de Rentas en 25 Van Ness Avenue, #320, San Francisco.

如果您需要此表格的中文版本，請致電 415-252-4602 或造訪租務委員會辦公室，地址是：25 Van Ness Avenue, #320, San Francisco。

MEMORANDUM

TO: Tenant
FROM: Delene Wolf, Executive Director
RE: Tenant Hardship Application for Relief from Payment of a Capital Improvement Passthrough

If payment of a capital improvement passthrough causes a financial hardship for your household, you may seek relief from payment of the passthrough by filing a **Tenant Capital Improvement Passthrough (“CIP”) Hardship Application** with the Rent Board. A CIP Hardship Application may be filed at any time after you have either received a notice of rent increase for a capital improvement passthrough from your landlord or received a written decision from the Rent Board approving the capital improvement passthrough, whichever is earlier. Once you have filed the CIP Hardship Application, you do not have to pay the capital improvement passthrough unless the Rent Board issues a final decision denying the CIP Hardship Application. If your CIP Hardship Application is denied, you will have to pay the capital improvement passthrough retroactive to the effective date.

The CIP Hardship Application can be filed by one tenant in the household, but **each adult (age 18 or over) in the household** must also provide the required income and asset information and sign the Declaration on page 3. (Note: Any subtenant who pays rent to the tenant need not provide income and asset information on the Hardship Application. However, any subtenant’s rental payment to the tenant should be listed as part of the tenant’s gross income on page 3 of the Hardship Application.)

A tenant can qualify for hardship relief under any one of the three standards below:

(1) All adults in the household are recipients of means-tested public assistance, such as Social Security Supplemental Security Income (SSI), General Assistance (GA), Personal Assisted Employment Services (PAES), or California Work Opportunity & Responsibility to Kids (CalWORKS).

OR

(2) (a) The monthly rent charged for the unit is greater than 33% of the tenant’s monthly gross household income; **AND** (b) the tenant’s assets, excluding retirement accounts and non-liquid assets, do not exceed \$60,000; **AND** (c) the tenant’s monthly gross household income (before taxes) is less than the following amount [revised as of 3/6/15]:

Maximum Monthly Gross Income per Household Size (household size includes all occupants, regardless of age)	
• \$4,758 for 1-person household	• \$7,338 for 5-person household
• \$5,433 for 2-person household	• \$7,879 for 6-person household
• \$6,113 for 3-person household	• \$8,425 for 7-person household
• \$6,792 for 4-person household	• \$8,967 for 8-person household

OR

(3) The tenant has exceptional circumstances that make payment of the capital improvement passthrough a hardship, such as excessive medical bills.

(continued on next page)

San Francisco Residential Rent Stabilization and Arbitration Board

The CIP Hardship Application must be filed with supporting documentation.

(1) To establish eligibility based on SSI, GA, PAES, CalWORKS or another means-tested public assistance benefit, you should submit proof, such as a recent statement of eligibility.

(2) To establish eligibility based on household gross income and assets, you should submit proof of income such as recent paystubs, a statement of your monthly pension or Social Security benefits, or a recent income tax return or W2 form AND proof of assets such as a recent statement showing account balances from your bank or financial institution. (You should redact confidential information such as your social security number and account number.)

(3) If you are claiming exceptional circumstances, you should submit the evidence listed in number (2) above plus a detailed statement and documentation of your exceptional circumstances.

A copy of your CIP Hardship Application will be sent to the landlord, who has fifteen (15) days to request a hearing to dispute the information provided in your claim. If the landlord does not dispute your claim, a decision may be issued by a Rent Board Administrative Law Judge without a hearing. You do not have to pay the capital improvement passthrough until you receive the decision, and then only if your CIP Hardship Application is denied. If a hearing on your Hardship Application is required, the hearing will be held at the Rent Board's office. **A notice of the time and date of the hearing will be mailed to both you and the landlord at least ten (10) days before the hearing.** After the hearing, the Administrative Law Judge will issue a written decision granting or denying the CIP Hardship Application. Either party can appeal the written decision to the Rent Board Commission within 15 days of the date the decision is mailed.

If your CIP Hardship Application is granted, relief from payment of the capital improvement passthrough may be for an indefinite period or for a limited period of time, depending on the basis of your hardship. If a tenant's eligibility for hardship relief changes at any time so that the tenant is no longer eligible for hardship relief, the tenant should immediately notify the Rent Board and the landlord in writing of such change. The landlord may also notify the Rent Board if the landlord has information that the tenant is no longer eligible. In such case, the Rent Board will decide whether the previously granted relief should be continued or modified.

The following organizations can assist you in filing your CIP Hardship Application:

Advancing Justice - Asian Law Caucus

55 Columbus Avenue
San Francisco, CA 94111
(415) 896-1701

Housing Rights Committee of SF

417 South Van Ness (bet. 15th & 16th Street)
San Francisco, CA 94103
(415) 703-8644 • Mon-Thurs 1:00-5:00 pm

Tenderloin Housing Clinic

(Tenants in hotels and Tenderloin residents)
126 Hyde Street, 2nd Floor
San Francisco, CA 94102
(415) 771-9850

Chinatown Community Development Center

(Cantonese, Mandarin & English-speaking tenants)
663 Clay Street
San Francisco, CA 94133
(415) 984-2728 • Call for Appointment
Drop-In Clinic (no appt.) Mon & Fri 2:00-4:00 pm

Causa Justa:Just Cause

(Spanish-speaking tenants and SRO tenants)
2301 Mission Street, Suite 201
San Francisco, CA 94110
(415) 487-9203 • By Appointment Only
Mon & Wed 1:00-5:00 pm
Tues, Thurs, Fri 9:30-Noon & 1:00-5:30 pm



San Francisco Residential Rent Stabilization and Arbitration Board

INSTRUCTIONS FOR COMPLETING CIP HARDSHIP APPLICATION

- (1) Give complete contact information for all parties, including names, mailing addresses and telephone numbers.
- (2) Provide all requested information with supporting documentation and be as accurate as possible.
- (3) Include financial information for each adult (age 18 or over) in the household, except subtenants.

Rent Board Date Stamp

TENANT CAPITAL IMPROVEMENT PASSTHROUGH HARDSHIP APPLICATION

↓ Tenant Information ↓ If there is more than one adult in the household, include them in the Household Composition section on page two.

My name is: _____
First Name Middle Initial Last Name

I live at: _____ San Francisco, CA _____
Street Number of the Unit Street Name Unit Number Zip Code

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

Primary Phone Number _____ Other Phone Number _____

↓ Tenant Representative Information ↓ Attorney Non-attorney Representative Interpreter

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Other Phone Number _____

↓ Landlord Information ↓

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Other Phone Number _____

↓ Landlord Representative Information ↓ Attorney Non-attorney Representative Interpreter

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

TENANT CAPITAL IMPROVEMENT PASSTHROUGH HARDSHIP APPLICATION

↓ Capital Improvement Passthrough Information ↓ (Attach a copy of the capital improvement rent increase notice.)

Capital Improvement Passthrough Amount(s) _____ Rent Board Case Number(s) _____ Date(s) the CI Passthrough Takes Effect _____

The total monthly rent, including the capital improvement passthrough, is \$ _____

The total monthly rent includes: General Bond Passthrough \$ _____ Water Bond Passthrough \$ _____

I have not paid the capital improvement passthrough. **OR**

I have paid the capital improvement passthrough for the following months: _____

My household has _____ occupants. (Count all adults age 18 or over, including subtenants, and children under 18.)

↓ Household Composition ↓ (List all adults age 18 or over, except subtenants.)

	First and Last Name (please print)	Primary Phone Number	Other Phone Number
1			
2			
3			
4			

↓ Financial Hardship Claim ↓

I claim relief from payment of the capital improvement passthrough on the following ground (check one box):

1. All adults in the household (excluding subtenants) are recipients of means-tested public assistance, such as Social Security Supplemental Security Income (SSI), General Assistance (GA), Personal Assisted Employment Services (PAES) or California Work Opportunity and Responsibility to Kids (CalWORKS).

You must attach written documentation that all adults in the household (excluding subtenants) receive such public assistance and each adult in the household must sign the Declaration on page 3. You do not need to complete the household income or asset information on page 3.

2. (a) The monthly rent charged for the unit is greater than 33% of the tenant's monthly gross household income; **AND** (b) the tenant's assets, excluding retirement accounts and non-liquid assets, do not exceed \$60,000; **AND** (c) the tenant's monthly gross household income (before taxes) is less than the following amount [revised as of 3/6/15]:

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• \$6,792 for 4-person household	• \$8,967 for 8-person household

You must complete the household income and asset information on page 3 for each adult (age 18 or over) in the household, except subtenants, and attach written documentation. Each adult in the household who provides financial information must also sign the Declaration on page 3.

3. I claim to have exceptional circumstances, such as excessive medical bills, that make payment of the capital improvement passthrough a hardship for me.

You must complete the household income and asset information on page 3 for each adult (age 18 or over) in the household, except subtenants, and attach written documentation. In addition, you must attach a detailed statement (with proof) that supports your claim of exceptional circumstances. Each adult in the household who provides financial information must also sign the Declaration on page 3.

San Francisco Residential Rent Stabilization and Arbitration Board

TENANT CAPITAL IMPROVEMENT PASSTHROUGH HARDSHIP APPLICATION

↓ Household Gross Monthly Income (before taxes)* ↓ (List all adults age 18 or over, except subtenants.)

	First and Last Name (please print)	Gross Monthly Wages	Monthly Social Security &/or Pension	Monthly SSI, GA, PAES or CalWORKS	Rent Received from Subtenant(s)	Other Monthly Income (Specify)	TOTAL Income
1		\$	\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$	\$

* If all adults in the household receive SSI, GA, PAES or CalWORKS (TANF), do not complete this section. The household's total gross monthly income is \$ _____

You must submit proof of income for each adult listed above, such as recent paystubs, a statement of monthly pension, Social Security or public assistance benefits, or a recent income tax return or W2 form. (You should redact confidential information such as your social security number.)

↓ Household Assets* ↓ (For each adult, list current value of all assets, EXCLUDING retirement accounts and non-liquid assets such as real property and cars.)

	First and Last Name (please print)	Checking	Savings	Stocks/Bonds	Other Assets (Specify)	TOTAL Assets
1		\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$

* If all adults in the household receive SSI, GA, PAES or CalWORKS (TANF), do not complete this section. The total value of the household's assets is \$ _____

You must submit proof of assets for each adult listed above, such as a recent statement showing account balances from your bank or financial institution. (You should redact confidential information such as account numbers.)

↓ Declaration ↓ (Each adult age 18 or over for whom financial information is provided above must sign and date this Declaration.)

I declare under penalty of perjury under the laws of the State of California that the every statement in this Tenant Capital Improvement Passthrough Hardship Application and every attached document is true and correct to the best of my knowledge and belief. I also acknowledge that the Rent Board will send a copy of this CIP Hardship Application to the landlord.

	Signature	Date	Would you need an interpreter for a hearing? If yes, list your language.
1			
2			
3			
4			

ATTACH ADDITIONAL PAGES IF NECESSARY