

NOTE: This form is only for San Francisco residents who have a relocation grievance and are participating in the Rental Assistance Demonstration (RAD) program.

Rent Board Date Stamp

## **RAD TENANT PETITION (SFHA RELOCATION GRIEVANCE)**

RAD Unit Information					
Street Number of Unit	Street Name	Unit Number	San Franciso	co, CA 941_	Zip Code
	Sucermane	Onit Number			
Name of Building Complex (If Applicat	Entire Building Add	dress (lowest & highest r	numbers)	# of Units	in Building
<b>◆Tenant Information</b> <i>♦ If more the</i>	an one tenant, attach list	of all tenants' names, m	ailing addresses	s and phone	numbers.
First Name	Middle Initial		Last Name		
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number		Other Phone Number			
➡ Tenant Representative Inform	ation I attorney	Non-attorney R	epresentative	🗆 🗅 Inter	preter
First Name	Middle Initial		Last Name		
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number		Other Phone Number			
♣ Project Manager 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			
Relocation Specialist Information	tion₽				
First Name	Middle Initial		Last Name		
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number		Other Phone Number			
06 RAD Tenant Petition 10/1/15					
5 Van Ness Avenue #320	www.sfrb.org		Phone 415.252.4602		

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