

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
◆Tenant Information <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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