



San Francisco Residential Rent Stabilization and Arbitration Board

租客因經濟困難申請免付主要修繕轉付、水收益債券轉付、設施轉付和（或）經營與維護加租的相關資訊

如果支付主要修繕轉付、水收益債券轉付、設施轉付和（或）經營與維護加租導致您的家庭經濟困難，您可向租金委員會提出租客經濟困難申請，申請免付加租。困難申請可以在您收到有關於加租通知之後的任何時間提出。一旦提出困難申請，除非租務委員會發出拒絕困難申請的最終決定，否則您不必支付加租。如果您的困難申請遭到拒絕，您將必須支付追溯自生效日期起的加租。

困難申請可以由家中的一位租客提出，但是家中的每位成人（年滿 18 歲）也必須提供必要收入與資產資訊，並簽署第 6 頁的「聲明」（備註：在困難申請時，支付租金給租客的任分租客不必提供收入與資產資訊。不過，任何分租客支付給租客的租金都應列為困難申請第 5 頁上租客總計收入的一部分。）

租客可以在符合以下三個標準之一的情況下，獲得困難補助：

(1) 家中的所有成人都是低收入接受入息審查的公共援助獲得者、例如社會安全生活補助金 (SSI)、生活補助金 (GA)、個人就業協助服務 (PAES)、原先的食品券(補充營養援助計劃/糧食券計劃) (CalFresh-SNAP/Food Stamps)、或加州工作機會與兒童責任計劃 (CalWORKS)。

或

(2)(a) 租住單位的月租高於租客每月家庭總計收入的 33%；與 **(b)** 租客退休金帳戶及非流動資產以外的資產不超過 \$60,000；與 **(c)** 租客的每月家庭總收入（稅前）低於下列金額 [自 2021 年 5 月 12 日起修訂]：

每住戶的每月最高毛收入 (住戶包括各種年齡的居住者)	
• 1 成員住戶 \$6,217	• 5 成員住戶 \$9,592
• 2 成員住戶 \$7,104	• 6 成員住戶 \$10,300
• 3 成員住戶 \$7,992	• 7 成員住戶 \$11,008
• 4 成員住戶 \$8,879	• 8 成員住戶 \$11,721

或

(3) 租客的**特殊經濟狀況**，支付加租有困難，例如醫藥費過高。

(下頁接續)

San Francisco Residential Rent Stabilization and Arbitration Board

提出困難申請時必須檢附證明文件。

(1) 若是基於 SSI、GA、PAES、CalFresh (SNAP/Food Stamps)、CalWORKS 或其他入息審查的公共援助津貼而取得資格，您應提交證明，例如最新的合格聲明。

(2) 若是基於家庭總計收入和資產而取得資格，您應提交收入證明，例如最近的薪資條、月退休金或社會安全福利明細表，或最近的所得稅結算申報書或 W2 表格「以及」資產證明，例如顯示銀行或金融機構帳戶餘額的最近對帳單（您應該編校機密資訊，例如社會安全號碼和帳號）。

(3) 如果您要主張特殊經濟狀況，您應該提交以上第 (2) 點所列出的證明，以及特殊經濟狀況的詳細聲明與文件。

您的困難申請表副本將會寄給屋主，屋主有十五 (15) 天的時間可以請求聽證，以便對您主張中所提供的資訊提出質疑。如果屋主對您的主張沒有提出質疑，租務委員會行政法官可以在不舉辦聽證的情況下發佈裁決。在收到裁決之前，您不必支付加租，而且只有在您的困難申請遭到拒絕時，才必須支付。如果您的困難申請需要聽證，將會在租務委員會辦事處舉辦聽證。**聽證時間和日期的通知，將會在舉辦聽證的至少十 (10) 天以前，同時郵寄給您與屋主。**聽證之後，行政法官將會發佈同意或拒絕困難申請的書面裁決。任一方均可在裁決發佈日起的 15 天內，向租務委員會就書面裁決提出上訴。

如果您的困難申請獲得同意，根據您的困難基礎，可能會在不明確或有限期間內，提撥加租補助。如果租客的困難補助資格在任何時間有所改變，租客不再擁有困難補助資格，租客應立即以書面方式，向租務委員會及屋主通知此項變化。如果屋主得知租客不再擁有該種資格，也可以通知租務委員會。在此種情況下，租務委員會將決定應該繼續還是修改之前同意的補助提撥。

下列組織可以協助您提出困難申請：

三藩市住屋權益委員會

Housing Rights Committee of SF

粵語/普通話/西班牙語/英語/俄語

1663 Mission Street (at Duboce), 5th Floor

San Francisco, CA 94103

(415) 703-8644 • 星期一至星期四下午 1:00-5:00

三藩市住屋權益委員會

Housing Rights Committee of SF

粵語/普通話/英文/俄語

4301 Geary Boulevard (at 7th Avenue)

San Francisco, CA 94118

(415) 947-9085

星期一, 星期三, 星期四 和 星期五由

上午 9:00 至 下午 12:00

田德隆房屋診所

Tenderloin Housing Clinic

(面向旅館租客與田德隆租客)

西班牙語/英語

472 Ellis Street

San Francisco, CA 94102

(415) 775-7110 • 周五休息

星期一至星期四上午 10:00 至 12:00 和下午 2:00 至 4:00

華埠社區發展中心

Chinatown Community Development Center

粵語/普通話/英文

663 Clay Street

San Francisco, CA 94111

(415) 984-2728 • 電話預約

營業時間逢星期一下午 2:00 到 4:00 和星期四由上午

10:30 至 下午 12:30 (不需預約)

社會公正組織

Causa Justa::Just Cause

西班牙語/英語

2301 Mission Street, Suite 201

San Francisco, CA 94110

(415) 487-9203 • 只接受電話預約

逢星期一和星期五下午 1:00 至 5:00

亞美公義促進中心 - 亞洲法律協會

Advancing Justice - Asian Law Caucus

粵語/普通話/英語

55 Columbus Avenue

San Francisco, CA 94111

(415) 896-1701 電話預約



San Francisco Residential Rent Stabilization and Arbitration Board

Information Regarding Tenant Financial Hardship Application for Relief from Payment of a Capital Improvement Passthrough, Water Revenue Bond Passthrough, Utility Passthrough, and/or Operating & Maintenance Rent Increase

If payment of a capital improvement passthrough, water revenue bond passthrough, utility passthrough and/or operating and maintenance rent increase causes a financial hardship for your household, you may seek relief from payment of the rent increase(s) by filing a **Tenant Financial Hardship Application** with the Rent Board. Once you have filed the Hardship Application, you do not have to pay the rent increase(s) unless the Rent Board issues a final decision denying the Hardship Application. If your Hardship Application is denied, you will have to pay the increase(s) retroactive to the effective date.

The 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 6. (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 5 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 low-income recipients of means-tested public assistance, such as Social Security Supplemental Security Income (SSI), General Assistance (GA), Personal Assisted Employment Services (PAES), CalFresh (SNAP/Food Stamps) 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 5/12/21]:

Maximum Monthly Gross Income per Household Size (household size includes all occupants, regardless of age)	
• \$6,217 for 1-person household	• \$9,592 for 5-person household
• \$7,104 for 2-person household	• \$10,300 for 6-person household
• \$7,992 for 3-person household	• \$11,008 for 7-person household
• \$8,879 for 4-person household	• \$11,721 for 8-person household

OR

(3) The tenant has exceptional circumstances that make payment of the rent increase(s) a hardship, such as excessive medical bills.

(continued on next page)

San Francisco Residential Rent Stabilization and Arbitration Board

The Hardship Application must be filed with supporting documentation.

(1) To establish eligibility based on SSI, GA, PAES, CalFresh (SNAP/Food Stamps), 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 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 rent increase(s) until you receive the decision, and then only if your 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 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 Hardship Application is granted, relief from payment of the rent increase(s) 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 Hardship Application:

Housing Rights Committee of SF

Main Office

(Cantonese/Mandarin/Spanish/English/Russian)
1663 Mission Street (at Duboce), 5th Floor
San Francisco, CA 94103
(415) 703-8644
Mon - Thurs 1:00-5:00 pm

Richmond District Office

(Cantonese/Mandarin/English/Russian)
4301 Geary Boulevard (at 7th Avenue)
San Francisco, CA 94118
(415) 947-9085
Mon, Wed, Thurs, Fri 9:00 am-12:00 pm

Tenderloin Housing Clinic

Tenants in hotels and Tenderloin residents
(Spanish/English)
472 Ellis Street
San Francisco, CA 94102
(415) 775-7110 • Closed Friday
Mon-Thurs 10:00 am-12:00 pm & 2:00-4:00 pm

Chinatown Community Development Center

(Cantonese/Mandarin/English)
663 Clay Street
San Francisco, CA 94111
(415) 984-2728 • Call for Appointment
Drop-In Clinic (no appt.) Mon 2:00-4:00 pm &
Thurs 10:30 am-12:30 pm

Causa Justa::Just Cause

(Spanish/English)
2301 Mission Street, Suite 201
San Francisco, CA 94110
(415) 487-9203 • By Appointment Only
Mon & Fri 1:00-5:00 pm

Advancing Justice - Asian Law Caucus

(Cantonese/Mandarin/English)
55 Columbus Avenue
San Francisco, CA 94111
(415) 896-1701 • Call for Appointment



San Francisco Residential Rent Stabilization and Arbitration Board

完成租客經濟困難申請的說明 / INSTRUCTIONS FOR COMPLETING THE TENANT FINANCIAL HARDSHIP APPLICATION

- (1) 提供雙方的完整聯絡資訊，包括姓名、郵寄地址以及電話號碼。
Give complete contact information for all parties, including names, mailing addresses and telephone numbers.
- (2) 請提供所有要求的資料，並附上佐證文件以及一份最近的加租通知。
Provide all requested information with supporting documentation and include a copy of your most recent rent increase notice.
- (3) 如果您尚未收到加租通知或租務委員會的決定書，我們就無法處理您的困難申請。 / *If you have not received either a rent increase notice or a Rent Board decision, we cannot process your Hardship Application.*

租務委員會日期戳記
Rent Board Date Stamp

租客經濟困難申請

TENANT FINANCIAL HARDSHIP APPLICATION

↓租客資訊↓ 如果家中的成人不止一人，請將其資訊列在第3頁的「住戶結構」部分。
Tenant Information: If there is more than one adult in the household, include them in the Household Composition section on page 3.

本人姓名：/My name is: _____
首字母名字 / First Name 中間名 / Middle Initial 姓氏 / Last Name

本人地址：// live at: _____ San Francisco, CA _____
單位的街號 街名 單位號 郵遞區號
Street Number of the Unit Street Name Unit No. Zip Code

郵寄地址： 街號 街名 單位號 城市 州 郵遞區號
Mailing Address: Street Number Street Name Unit Number City State Zip Code

主要電話 / Primary Phone Number 主要電子郵件 / Email Address

↓租客代表資訊↓ 律師 非律師代表 翻譯 都不是
Tenant Representative Information: Attorney Non-attorney Representative Interpreter None

首字母名字 / First Name 中間名 / Middle Initial 姓氏 / Last Name

郵寄地址： 街號 街名 單位號 城市 州 郵遞區號
Mailing Address: Street Number Street Name Unit Number City State Zip Code

主要電話 / Primary Phone Number 主要電子郵件 / Email Address

↓屋主資訊↓ Landlord Information

首字母名字 / First Name 中間名 / Middle Initial 姓氏 / Last Name

郵寄地址： 街號 街名 單位號 城市 州 郵遞區號
Mailing Address: Street Number Street Name Unit Number City State Zip Code

主要電話 / Primary Phone Number 主要電子郵件 / Email Address

San Francisco Residential Rent Stabilization and Arbitration Board

租客經濟困難申請 TENANT FINANCIAL HARDSHIP APPLICATION

↓水收益債券 (WRB) 轉付資訊↓ (請附 WRB 工作表和加租通知副本。)

Water Revenue Bond (WRB) Passthrough Information (Attach a copy of the WRB Worksheet & rent increase notice.)

您可在水收益債券轉付生效之日後一年內提出困難申請。水收益債券轉付的付款將從提出困難申請之日留到做出困難申請的決定之日。

You may file a Hardship Application within one year of the effective date of the water revenue bond passthrough. Payment of the water revenue bond passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

水收益債券轉付金額

Water Revenue Bond Passthrough Amount(s)

水收益債券轉付生效日期

Date(s) the WRB Passthrough Takes Effect

我沒有支付水收益債券轉付。或者 *I have not paid the water revenue bond passthrough. OR*

我已支付以下月份的水收益債券轉付：_____

The months for which I have paid the water revenue bond passthrough are listed above.

↓設施轉付資訊↓ (請附設施轉付加租通知。)

Utility Passthrough Information (Attach a copy of the utility passthrough rent increase notice.)

您可在設施轉付生效之日後一年內提出困難申請。請等到您收到加租通知、設施轉付計算工作表或租金委員會做出設施轉付的決定之日後再提出困難申請。設施轉付的付款將從提出困難申請之日留到做出困難申請的決定之日。

You may file a Hardship Application within one year of the effective date of the utility passthrough. Wait until you receive a notice of rent increase, a Utility Passthrough Calculation Worksheet or a Rent Board decision regarding the utility passthrough before filing this Hardship Application. Payment of the utility passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

設施轉付金額

Utility Passthrough Amount

租金委員會案件編號

Rent Board Case Number

設施轉付生效日期

Date the Utility Passthrough Takes Effect

我沒有支付設施轉付。或者 *I have not paid the utility passthrough. OR*

我已支付以下月份的設施轉付：_____

The months for which I have paid the utility passthrough are listed above.

↓居住人↓ Occupants

本人家中有_____位居住者 (列出所有年滿 18 歲以上的成年人, 包括分租客, 以及 18 歲以下的兒童。)

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

	姓名 (請工整填寫) <i>First and Last Name (please print)</i>	成年人租客? <i>Adult Tenant?</i>	18 歲以下的兒童? <i>Child under 18?</i>	分租客? <i>Subtenant?</i>	主要電話號碼 <i>Primary Phone Number</i>
1					
2					
3					
4					

租客經濟困難申請
TENANT FINANCIAL HARDSHIP APPLICATION

經濟困難主張 Financial Hardship Claim

基於下列理由本人的租客經濟困難要求(勾選唯一的方框):
My financial hardship claim is based on the following ground (check only one box):

1. 家中的所有成人都是低收入接受入息審查的公共援助獲得者分租客以外, 例如社會安全生活補助金 (SSI)、生活補助金 (GA)、個人就業協助服務 (PAES), 原先的食品券(補充營養援助計劃/糧食券計劃) (CalFresh- SNAP/Food Stamps), 或加州工作機會與兒童責任計劃 (CalWORKS).

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

您必須隨附書面文件, 證明家中的所有成人都接受此種公共援助(排除分租客以外), 而且家中的每個成人都必須簽署第 6 頁的聲明。您不需要填寫第 5 頁的家庭收入或資產資訊。

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 6. You do not need to complete the household income or asset information on page 5.

2. (a) 租住單位的月租高於租客每月家庭總計收入的 33%; 與 (b) 租客退休金帳戶及非流動資產以外的資產不超過 \$60,000; 與 (c) 租客的每月家庭總收入(稅前)低於下列金額 [自 2021 年 5 月 12 日起修訂]:

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 5/12/21]:

Table with 2 columns listing maximum monthly gross income per household size for 1-8 members. Includes header: 每住戶的每月最高總計收入 (住戶包括各種年齡的居住者) Maximum Monthly Gross Income per Household Size (household size includes all occupants, regardless of age).

您必須為家中分租客之外的每位成人(年滿 18 歲)完成第 5 頁的家庭收入與資產資訊, 並隨附書面文件。家中提供財務資訊的每位成人也必須簽署第 6 頁的聲明。

You must complete the household income and asset information on page 5 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 6.

3. 我聲稱本人的特殊經濟狀況(例如醫藥費過高), 支付加租有困難。

3. I claim to have exceptional circumstances, such as excessive medical bills, that make payment of the rent increase(s) a hardship for me.

您必須為家中分租客之外的每位成人(年滿 18 歲)完成第 5 頁的家庭收入與資產資訊, 並隨附書面文件。此外, 您必須隨附可證實特殊經濟狀況主張的詳細聲明(以及證明)。家中提供財務資訊的每位成人也必須簽署第 6 頁的聲明。

You must complete the household income and asset information on page 5 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 6.

San Francisco Residential Rent Stabilization and Arbitration Board

租客經濟困難申請 TENANT FINANCIAL HARDSHIP APPLICATION

↓家庭每月總計收入（稅前）*↓（列出分租客以外，年滿 18 歲的所有成人。）

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

1	姓名（請工整填寫） <i>First and Last Name (please print)</i>	每月總計薪資 <i>Gross Monthly Wages</i>	每月社會安全 生活補助金和/ 或退休金 <i>Monthly Social Security &/or Pension</i>	每月 SSI、GA、 PAES 或 CalWORKS <i>Monthly SSI, GA, PAES or CalWORKS</i>	向分租客收取 的租金 <i>Rent Received from Subtenant(s)</i>	其他月收入（例 如家人資助、退休 基金） <i>Other Monthly Income (e.g. family support, retirement funds)</i>	總收入 <i>TOTAL Income</i>
1		\$	\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$	\$

* 如果所有成年人都接受 SSI、GA、PAES、CalFresh、或 CalWORKS (TANF) 援助，請勿填寫此部分。

家庭每月收入總計 \$ _____

* If ALL adults in the household receive SSI, GA, PAES, CalFresh or CalWORKS (TANF), do not complete this section. The household's total gross monthly income is listed above.

→您必須提交以上列出的每位成人的收入證明，例如最近的薪資條、月退休金明細表、社會安全或公共援助福利，或最近的所得稅結算申報書或 W2 表格。（您應該編校機密資訊，例如社會安全號碼。）

→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.)

↓家庭資產*↓（為每位成人列出所有資產的現值，不包括退休金帳戶及非流動資產，例如不動產和汽車。）

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

1	姓名（請工整填寫） <i>First and Last Name (please print)</i>	支票 <i>Checking</i>	儲蓄 <i>Savings</i>	股票/債券 <i>Stocks/Bonds</i>	其他資產（詳細說明） <i>Other Assets (Specify)</i>	總資產 <i>TOTAL Assets</i>
1		\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$

* 如果所有成年人都接受 SSI、GA、PAES、CalFresh、或 CalWORKS (TANF) 援助，請勿填寫此部分。

家庭資產總值為美金 \$ _____

If ALL adults in the household receive SSI, GA, PAES, CalFresh or CalWORKS (TANF), do not complete this section.

The total value of the household's assets is listed above.

→您必須提交以上列出的每位成人的資產證明，例如顯示銀行或金融機構帳戶餘額的最近對帳單。（您應該編校機密資訊，例如帳號。）

→You must submit proof of assets for each adult listed above, including recent bank statements (all pages), and any other statements showing account balances from other financial institutions. (You should redact confidential information such as account numbers.)

San Francisco Residential Rent Stabilization and Arbitration Board

租客經濟困難申請 TENANT FINANCIAL HARDSHIP APPLICATION

↓聲明↓ (以上提供財務資訊的每位年滿 18 歲的成人都必須在本聲明上簽名並填寫日期。)

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

本人在加州偽證處罰規定下聲明，據本人所知及所信，本租客困難申請表中的各項聲明，以及隨附的所有文件完全屬實。本人亦確認租務委員會會將本困難申請表副本郵寄給屋主。

I declare under penalty of perjury under the laws of the State of California that every statement in this Tenant Financial 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 Hardship Application to the landlord.

	簽名 <i>Signature</i>	日期 <i>Date</i>	聽證時，您是否需要翻譯服務？如果是，請列出您的語言。 <i>Would you need an interpreter for a hearing? If yes, list your language.</i>
1			
2			
3			
4			

如有必要，請附加頁面
ATTACH ADDITIONAL PAGES IF NECESSARY