



San Francisco Residential Rent Stabilization and Arbitration Board

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 Francisco, CA 941 _____ Zip Code _____

Name of Building Complex (If Applicable) _____ Entire Building Address (lowest & highest numbers) _____ # of Units in Building _____

↓ Tenant Information ↓ *If more than one tenant, attach list of all tenants' names, mailing addresses 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 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 _____

↓ 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 ↓

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Other Phone Number _____

RAD TENANT PETITION (SFHA RELOCATION GRIEVANCE)

I am filing this claim for the following reason(s): *(Check ONLY the reasons that apply.)*

A. Incorrectly Found to Be Ineligible for Relocation Benefits:

I was living in a RAD building before construction started, and I was told I'm not eligible to receive relocation benefits.

B. Not Given All the Relocation Benefits Entitled To:

I was living in a RAD building before construction started, and I was not given all of the relocation benefits (i.e. temporary housing assistance, moving assistance) that I'm entitled to.

C. Temporary Unit is not Decent, Safe and Sanitary:

I was temporarily relocated from my RAD building and my temporary unit is not decent, safe and sanitary.
Note: This claim is not available where the tenant has voluntarily agreed to live with family or friends since the tenant already self-certified that the family's or friend's unit is decent, safe and sanitary.

D. Accepted Involuntary Permanent Relocation and Not Provided a Comparable Unit:

I had to relocate from my RAD building for at least one year, and I elected to receive permanent relocation benefits. However, I was not provided with a comparable unit to permanently relocate.

E. Accepted Involuntary Permanent Relocation and Not Given All Relocation Benefits Entitled To:

I had to relocate from my RAD building for at least one year, and I elected to receive permanent relocation benefits. However, I was not given all of the relocation benefits (i.e. housing assistance, moving assistance) that I'm entitled to.

I have attached copies of all written determinations I received from the Relocation Staff of the Development Team and the Project Manager.

DECLARATION OF TENANT(S)

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 TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NOTE: Every tenant of the rental unit who wishes to be included in this petition must sign this declaration. Any tenant who lives in a different RAD unit must file a separate petition.

_____	_____	_____
(Print Name)	(Signature of Tenant)	(Date)
_____	_____	_____
(Print Name)	(Signature of Tenant)	(Date)
_____	_____	_____
(Print Name)	(Signature of Tenant)	(Date)