



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.

Kung kailangan ninyo ng form na ito sa Filipino, mangyaring tumawag sa 415-252-4602 o pumunta sa opisina ng San Francisco Rent Board na matatagpuan sa 25 Van Ness Avenue, #320, San Francisco.

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 4. (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 4 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 4/01/18]:

Maximum Monthly Gross Income per Household Size (household size includes all occupants, regardless of age)	
• \$5,525 for 1-person household	• \$8,525 for 5-person household
• \$6,313 for 2-person household	• \$9,158 for 6-person household
• \$7,104 for 3-person household	• \$9,788 for 7-person household
• \$7,892 for 4-person household	• \$10,421 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)

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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 must submit proof, such as a recent statement of eligibility.

(2) To establish eligibility based on household gross income and assets, you must 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 activity 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 must 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)
126 Hyde Street, 2nd Floor
San Francisco, CA 94102
(415) 771-9850
Drop-In Clinic 9:00 am-3:00 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
Tues & Thurs 9:30-Noon & 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



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INSTRUCTIONS FOR COMPLETING THE TENANT FINANCIAL 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 FINANCIAL HARDSHIP APPLICATION

↓ Tenant Information ↓ If there is more than one adult in the household, include them in the Household Composition section on page 3.

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 None

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 None

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 FINANCIAL HARDSHIP APPLICATION

Rent Information

The total monthly rent for my unit is \$. I am seeking relief from payment of the following portion(s) of my rent due to financial hardship (check all that apply):

- Capital Improvement Passthrough, Water Revenue Bond Passthrough, Operating and Maintenance (O&M) Rent Increase, Utility Passthrough

Please provide the requested information in the corresponding section(s) below and then complete pages 3 and 4 of the Tenant Financial Hardship Application. Note the filing deadline for each type of rent increase.

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

You may file a Hardship Application at any time after receipt of a capital improvement rent increase notice or Rent Board decision. Wait until you receive a capital improvement rent increase notice or a Rent Board decision before filing the Hardship Application. Payment of the capital improvement passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

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

- I have not paid the capital improvement passthrough. OR I have paid the capital improvement passthrough for the following months:

Operating and Maintenance (O&M) Rent Increase Information (Attach a copy of the O&M rent increase notice.)

You may file a Hardship Application within one year of the effective date of the O&M increase. Wait until you receive a notice of rent increase or Rent Board decision regarding the operating and maintenance rent increase before filing the Hardship Application. Payment of the O&M rent increase shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

O&M Rent Increase Amount, Rent Board Case Number, Date the O&M Rent Increase Takes Effect

- I have not paid the O&M rent increase. OR I have paid the O&M rent increase for the following months:

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

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.

Water Revenue Bond Passthrough Amount(s), Date(s) the WRB Passthrough Takes Effect

- I have not paid the water revenue bond passthrough. OR I have paid the water revenue bond passthrough for the following months:

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

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.

Utility Passthrough Amount, Rent Board Case Number, Date the Utility Passthrough Takes Effect

- I have not paid the utility passthrough. OR I have paid the utility passthrough for the following months:

TENANT FINANCIAL HARDSHIP APPLICATION

↓ Household Composition ↓ (List all adults age 18 or over, except subtenants. Do not include children under 18.)

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

↓ Financial Hardship Claim ↓

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

My financial hardship claim is based on the following ground (check only one box):

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).

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 4. You do not need to complete the household income or asset information on page 4.

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 4/01/18]:

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• \$7,104 for 3-person household	• \$9,788 for 7-person household
• \$7,892 for 4-person household	• \$10,421 for 8-person household

You must complete the household income and asset information on page 4 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 4.

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

You must complete the household income and asset information on page 4 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 4.

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TENANT FINANCIAL 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 SSA, SSDI, &/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, CalFresh 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, CalFresh 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, including recent bank statements (all pages), and any other statements showing account activity from other financial institutions. (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>I declare under penalty of perjury under the laws of the State of California that the 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.</i>			
	Signature	Date	Would you need an interpreter for a hearing? If yes, list your language.
1			
2			
3			
4			

ATTACH ADDITIONAL PAGES IF NECESSARY