



San Francisco Residential Rent Stabilization and Arbitration Board

租客聘請翻譯困難申請表 TENANT HARDSHIP APPLICATION FOR INTERPRETER

翻譯員必須講以下語言 (請選擇一項) / *The interpreter must speak the following language (check one):*

粵語/Cantonese 國語/Mandarin 其他/Other _____

↓個案信息↓ Case Information

_____		_____		_____	
個案號 Case Number		聽證/調解日期 Date of Hearing/Mediation		聽證/調解時間 Time of Hearing/Mediation	
_____		_____		San Francisco, CA _____	
單位街號 Street No. of the Unit	街名 Street Name	單位號 Unit Number	郵編 Zip Code		

↓租客資訊↓ Tenant Information

_____		_____		_____	
首字母名字 / First Name		中間名 / Middle Initial		姓氏 / Last Name	
_____		_____		San Francisco, CA _____	
郵寄地址: 街號 Mailing Address: Street Number	街名 Street Name	單位號 Unit Number	郵遞區號 Zip Code		
_____			_____		
主要電話 / Primary Phone Number			主要電子郵件 / Email Address		
_____		_____			
當前基本租金 Current Rent		每月总收入 (包括所有住戶的收入、除了转租) Monthly Gross Income (include income of all occupants, except subtenants)			

↓經濟困難主張 (僅勾選一項)↓

Financial Hardship Claim (Please check the applicable box below.)

由於以下原因, 我無力負擔口譯員費用 (僅勾選一項): / *I cannot afford to hire an interpreter for the following reason (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)。 / *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).*

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☐ 2. (a) 租住單位的月租高於租客每月家庭毛收入的 33%；且 (b) 租客退休金帳戶及非流動資產以外的資產不超過 \$60,000；且 (c) 租客的每月家庭總收入（稅前）低於下列金額 [自 2020 年 05 月 04 日起修訂]： / (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 5/04/20]:*

每住戶的每月最高毛收入 (住戶包括各種年齡的居住者) <i>Maximum Monthly Gross Income per Household Size (household size includes all occupants, regardless of age)</i>	
• 1 成員住戶 \$5,975 \$5,975 for 1-person household	• 5 成員住戶 \$9,225 \$9,225 for 5-person household
• 2 成員住戶 \$6,833 \$6,833 for 2-person household	• 6 成員住戶 \$9,908 \$9,908 for 6-person household
• 3 成員住戶 \$7,688 \$7,688 for 3-person household	• 7 成員住戶 \$10,592 \$10,592 for 7-person household
• 4 成員住戶 \$8,542 \$8,542 for 4-person household	• 8 成員住戶 \$11,275 \$11,275 for 8-person household

☐ 3. 我不符合以上第1或2項的資格、但是我有以下特殊情況、難以支付口譯員費用： / I do not qualify under 1 or 2 above, but I have the following exceptional circumstances that make payment for an interpreter a hardship for me:

租客訴求人聲明 / DECLARATION OF TENANT

本人在理解加州法偽證後果下聲明、在此租客困難翻譯員申請的資料提供、聲明與表格、據本人所知與相信、均屬真實且正確 / I declare under penalty of perjury under the laws of the state of California that the information provided in this Tenant Hardship Application for Interpreter is true and correct to the best of my knowledge and belief.

租客簽名 / Tenant's Signature

日期 / Date