



San Francisco Residential Rent Stabilization and Arbitration Board

Si necesita este formulario en Español, por favor llame al 415-252-4600 o visite a la oficina de La Junta del Control de Rentas en 25 Van Ness Avenue, #700, San Francisco.

如果您需要此表格的中文版本，請致電 415-252-4600 或造訪租務委員會辦公室，地址是：25 Van Ness Avenue, #700, San Francisco。

Kung kailangan ninyo ng form na ito sa Filipino, mangyaring tumawag sa 415-252-4600 o pumunta sa opisina ng San Francisco Rent Board na matatagpuan sa 25 Van Ness Avenue, #700, San Francisco.

Information Regarding Tenant Financial Hardship Application (Income Based or Exceptional Circumstances)

If passthroughs or operating and maintenance rent increases cause a financial burden, there may be relief.

If your income and assets fall within Financial Guidelines, you may qualify for Financial Hardship. File the Tenant Financial Hardship application and include proof of income and assets. You must also include a copy of your rent increase notice. **If all adult members of your household receive means-tested public assistance (such as SSI or Food Stamps/ SNAP) please fill out the 524A Tenant Financial Hardship Application (Public Assistance) instead of this form.**

You may also qualify if you have exceptional circumstances that make payment of the rent increase(s) a hardship. This might include large out-of-pocket medical bills.

Once you have filed the Hardship Application, you do not have to pay the rent increase(s) until the Rent Board issues a decision. 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 (not including subtenants) who lives in the unit must also provide the required income and asset information and sign the Declaration on page 5. Children and subtenants do not need to provide proof of income or assets.

Financial Guidelines

- The monthly rent charged is more than 33% of the tenant's monthly gross household income; **AND**
- The tenant's assets, excluding retirement accounts (pensions, IRAs, 401(K)) and non-liquid assets (cars, antiques, collectibles), do not exceed \$60,000; **AND**
- The tenant's monthly gross household income (before taxes) is less than the following amount [revised as of 5/2/25]:

Maximum Monthly Gross Income per Household Size

(Household size includes all occupants, regardless of age, except subtenants)

- | | |
|-----------------------------------|-----------------------------------|
| • \$7,275 for 1-person household | • \$11,221 for 5-person household |
| • \$8,313 for 2-person household | • \$12,054 for 6-person household |
| • \$9,350 for 3-person household | • \$12,883 for 7-person household |
| • \$10,392 for 4-person household | • \$13,713 for 8-person household |

Exceptional Circumstances

- If a tenant does not qualify under Income Based Financial Guidelines but has exceptional circumstances (such as large out-of-pocket medical bills) they may still qualify for hardship relief. Tenants should submit proof of exceptional circumstances AND income and asset information.



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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 include a copy of your most recent rent increase notice.
- (3) If you have not received either a rent increase notice or a Rent Board decision, we cannot process your Hardship Application.

Rent Board Date Stamp

TENANT FINANCIAL HARDSHIP APPLICATION (INCOME BASED OR EXCEPTIONAL CIRCUMSTANCES)

☐ New ☐ Amended

↓Tenant Information↓ If there is more than one adult in the household, include them in the Household Composition section on page 2.

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 Email Address

↓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 Email Address

↓Landlord Information↓

First Name Middle Initial Last Name

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

Primary Phone Number Email Address

↓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 Email Address

**TENANT FINANCIAL HARDSHIP APPLICATION
(INCOME BASED OR EXCEPTIONAL CIRCUMSTANCES)**

☐ New ☐ Amended

↓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 (You may file at any time after the rent increase or decision is received.)
- ☐ Water Revenue Bond Passthrough (You may file within one year of the effective date.)
- ☐ General Obligation Bond Passthrough (You may file within one year of the effective date.)
- ☐ Utility Passthrough (You may file within one year of the effective date.)
- ☐ Operating and Maintenance (O&M) Rent Increase (You may file within one year of the effective date.)

Please complete all relevant sections. Note the filing deadline for each type of rent increase.

↓Rent Increase Notice or Rent Board Decision↓ (Attach a copy of the rent increase notice)

Please provide your most recent rent increase notice and all attachments. If there has been a rent board decision, then please check the relevant box below.

The rent increase notice should be recent. It should show a passthrough or operating and maintenance rent increase.

A Rent Board decision should show an approved passthrough or operating and maintenance rent increase. Please include the case number(s). You may call the Rent Board at (415) 252-4600 if you do not have this.

If there has been no rent increase notice or Rent Board decision, then it is too early to file for a hardship.

- ☐ I have attached a copy of the rent increase notice.
- ☐ I have received a Rent Board decision. Case number(s) _____

↓Household Composition and Proof of Income and Assets↓ (See page 5 for more detail.)

Please provide the name(s) and information for each person who lives in the unit. An adult is 18 years of age or older. Children and subtenants do not need to provide proof of income and assets.

	First and Last Name (please print)	Adult Tenant	Child Under 18	Subtenant	Proof of Income and Assets	Primary Phone Number
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Attach additional sheet if more space is needed.

- ☐ I have attached proof of income and assets for each adult in the unit. Children and subtenants do not need to provide proof of income and assets.

**TENANT FINANCIAL HARDSHIP APPLICATION
(INCOME BASED OR EXCEPTIONAL CIRCUMSTANCES)**

☐ New ☐ Amended

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

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application at any time after the rent increase notice or Rent Board decision is received.

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: _____

↓Water Revenue Bond (WRB) Passthrough Information↓

(Attach a copy of the WRB Worksheet & rent increase notice.)

Do not file before a rent increase notice is received. The Water Revenue Bond Passthrough should be listed in a worksheet that is attached to the 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: _____

↓General Obligation Bond (GOB) Passthrough Information↓

(Attach a copy of the GOB Worksheet & rent increase notice.)

Do not file before a rent increase notice is received. The GOB Passthrough should be listed in a Bond Measure Passthrough Worksheet that is attached to the rent increase notice. You may file a Hardship Application **within one year of the effective date of the general obligation bond passthrough.**

Payment on this portion shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

Eligible GOB Passthrough Amount

Date the GOB Passthrough Takes Effect

☐ I have not paid that portion of the general obligation bond passthrough that is eligible for financial hardship relief. **OR**

☐ I have paid the general obligation bond passthrough in its entirety for the following months: _____

**TENANT FINANCIAL HARDSHIP APPLICATION
(INCOME BASED OR EXCEPTIONAL CIRCUMSTANCES)**

☐ New ☐ Amended

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

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application **within one year of the effective date of the utility passthrough.**

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: _____

↓Operating and Maintenance (O&M) Rent Increase Information↓

(Attach a copy of the O&M rent increase notice.)

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application **within one year of the effective date of the O&M increase or within 15 days of the issuance of the Rent Board decision, whichever is later.**

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: _____

↓Exceptional Circumstances↓ (Attach all relevant proof.)

This section applies when a tenant does not qualify under income based guidelines.

I have exceptional circumstances that make paying this rent increase a financial hardship. Examples of exceptional circumstances might include large out-of-pocket medical bills.

☐ I have exceptional circumstances that make paying this rent increase a financial hardship.

Explain below (attach additional sheet if more space is needed):

☐ I have attached proof of this exceptional circumstance.

San Francisco Residential Rent Stabilization and Arbitration Board

TENANT FINANCIAL HARDSHIP APPLICATION (INCOME BASED OR EXCEPTIONAL CIRCUMSTANCES)

☐ New ☐ Amended

↓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 (e.g. family support, retirement funds)	TOTAL Income
1		\$	\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$	\$

* If ALL adults in the household receive SSI, GA, PAES, CalFresh or CalWORKS (TANF), then this is the wrong form. File the 524A Tenant Financial Hardship Application (Public Assistance). You may call our office for help.

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. We encourage you to submit at least 3 months' worth of your most recent paystubs. (You should black out confidential information such as all but the last four digits of 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		\$	\$	\$	\$	\$

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. We encourage you to submit at least 3 months' worth of your most recent bank statements. (You should black out confidential information such as all but the last four digits of your account number.)

↓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 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

San Francisco Residential Rent Stabilization and Arbitration Board

TENANT FINANCIAL HARDSHIP APPLICATION (INCOME BASED OR EXCEPTIONAL CIRCUMSTANCES)

↓ Tenant Resources ↓

The following organizations can assist you in filing your Hardship Application:

Housing Rights Committee of SF

Main Office

(Cantonese/Mandarin/Spanish/English/Russian)

11 Grove Street

San Francisco, CA 94102

(415) 703-8644 • Call for Appointment

Call for hours

Phone Counseling Only

(Cantonese/Mandarin/English/Russian)

(415) 947-9085

Call for hours

Chinatown Community Development Center

(Cantonese/Mandarin/English)

615 Grant Avenue, 2nd Floor

San Francisco, CA 94111

(415) 984-2728

Bill Sorro Housing Program (BiSHoP)

(Arabic/ English/ Spanish/ Tagalog)

1110 Howard Street

San Francisco, CA 94103

(415) 513-5177

TENANT FINANCIAL HARDSHIP APPLICATION (INCOME BASED OR EXCEPTIONAL CIRCUMSTANCES)

CHECKLIST:

- ☐ **Filled out Tenant Hardship Application (Income Based or Exceptional Circumstances). This must be signed by all adults who live in the unit, except subtenants. An adult is age 18 or older.**
- ☐ **Submitted copy of Rent Increase Notice or received Rent Board decision about passthrough or operating and maintenance rent increase. Please include any relevant attachments or documents.**
- ☐ **Submitted proof of income and assets for each adult who lives in the unit, except subtenants. We encourage you to submit at least 3 months' worth of all your most recent paystubs and bank account information. An adult is age 18 or older. The Rent Board reserves the right to request additional information if needed.**
- ☐ **Submitted proof of exceptional circumstances if that is being claimed in the application.**
- ☐ **Submitted the above to 25 Van Ness Avenue, #700, San Francisco, CA 94102-6063 or to rentboard@sfgov.org.**

AFTER YOU FILE:

A copy of your Hardship Application will be sent to the landlord. The landlord will have 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, you will receive a notice. The 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. The decision will grant or deny 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.