



San Francisco Residential Rent Stabilization and Arbitration Board

LANDLORD HARDSHIP APPLICATION FOR INTERPRETER

Please complete a separate form for each landlord of the subject property.

If the landlord requests the Rent Board to provide the services of an interpreter at no charge, the landlord must complete this Hardship Application. The Rent Board will be looking at the landlord's total financial picture, not just the income generated by the property at issue in this case. Therefore, it is suggested that the landlord submit an operating expense schedule summarizing the current income and expenses on this and any other properties that the landlord owns.

Case Information:

Case Number	Date of Hearing/Mediation	Time of Hearing/Mediation
San Francisco, CA		
Street Number of the Unit	Street Name	Unit Number
		Zip Code

Contact Information:

First Name	Middle Initial	Last Name
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Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
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Primary Phone Number	Other Phone Number
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Hardship Information:

Name(s) and Age(s) of Dependents: _____

Briefly state the reason for hardship (e.g., fixed income, illness, inability to work (give reason), extraordinary medical bills, etc.):

Briefly state the type of relief you would like: *I would like the Rent Board to provide the services of an interpreter for my hearing or mediation session at no charge.*

THE INTERPRETER MUST SPEAK THE FOLLOWING LANGUAGE: _____

Employment Information:

Current Employer	Position	Average # of Hours Worked/Week
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Other Employment	Position	Average # of Hours Worked/Week
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If unemployed or under-employed, briefly describe what you are doing to look for work: _____

Are you a student? ☐ Full-time ☐ Part-time If you are an unemployed student, please explain why you are not working, at least part-time.

Additional Information Required on Next Page

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► There must be an entry for every line on this page, even if the amount entered is zero (0). ◀

INCOME/EXPENSE SUMMARY - CURRENT YEAR

INCOME (Monthly)

Salary (Gross): _____
Annual Bonus: _____
Interest Income: _____
Social Security: _____
Rental Income: _____
Pension Payments: _____
Alimony: _____
Child Support: _____
Dividends: _____
Unemployment Compensation: _____
Worker's Compensation: _____
Other Income (specify): _____

TOTAL INCOME:

EXPENSES (Monthly)

Debt Service (Mortgage): _____
Property Taxes: _____
Utilities: _____
Repairs/Maintenance: _____
Business License/Fees: _____
Fire/Theft Insurance: _____
Transportation: _____
Alimony/Child Support: _____
Medical Insurance: _____
Medical Bills: _____
Entertainment: _____
Food: _____
Automobile Loan/Insurance: _____
Loan Payments (specify): _____

TOTAL EXPENSES:

Total Gross Income in Prior Two Calendar Years: 20__ : \$ _____ 20__ : \$ _____

CURRENT ASSETS AND LIABILITIES

ASSETS

Checking: _____
Savings: _____
Time Deposits: _____
Stocks Total: _____
Bonds Total: _____
Real Property (list address):
1. _____
2. _____
3. _____

TOTAL ALL ASSETS:

DEBTS AND LIABILITIES

SHORT TERM DEBT (outstanding balance):

Credit Cards: _____
Credit Lines: _____
Personal Loans: _____

LONG TERM DEBT (outstanding balance):

Mortgages: _____
Car Loans: _____
Student Loans: _____
Medical Bills: _____

TOTAL ALL DEBTS:

I declare under penalty of perjury under the laws of the State of California that the foregoing statement regarding my income, assets and liabilities are true and correct.

Signed: _____

Dated: _____