



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 _____
Street Number of the Unit _____	Street Name _____	Unit Number _____
San Francisco, CA _____		Zip Code _____

Contact 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 _____	

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 _____
Other Employment _____	Position _____	Average # of Hours Worked/Week _____

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):

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 INCOME:

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.

State Value Below:

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 ASSETS:

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: _____