



San Francisco Residential Rent Stabilization and Arbitration Board

MEMORANDUM

Your appeal on the basis of financial hardship must be accompanied by the attached "Landlord Hardship Application." The information contained in this form will provide the Rent Board Commissioners with a basis for deciding whether or not to grant your appeal.

It is not necessary for you to prove the amounts that you list on the Hardship Application form at this time. However, should the Commissioners accept your appeal and remand the case for a hearing, you will be required to submit documentation proving the veracity of the income, assets, resources and debts that you claim. Landlords should be aware that the Commissioners will be looking at your **total financial picture**, not just the income generated by the building at issue in this case.

Please note that while a landlord may seek relief from the decision of an Administrative Law Judge based on financial hardship, a landlord's financial hardship is not a separate ground for a rent increase under the Rent Ordinance.

If you have any questions, please contact our counseling line at 415.252.4600.

Attached: Landlord Hardship Application

San Francisco Residential Rent Stabilization and Arbitration Board

INSTRUCTIONS FOR COMPLETING HARDSHIP APPEAL

(1) If the landlord bases an appeal on grounds of financial hardship, the landlord must complete the attached Hardship Application. If the appeal is accepted for hearing, the landlord will be required to submit documentation proving the veracity of the claimed income, assets, resources and debts. The Administrative Law Judge will be looking at the **landlord's total financial picture, not just the income generated by the building at issue in this case.**

(2) Please complete a separate Landlord Hardship Application form for each owner of the subject property.

Rent Board Date Stamp

LANDLORD HARDSHIP APPEAL

↓Property Information↓

Full Property Address _____ San Francisco, CA 941 _____ Zip Code

Date Building Constructed _____ # of Units in Building _____ Case Number of Decision Being Appealed _____

↓Owner Information↓

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Email Address _____

↓Owner Information↓

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Email Address _____

If someone other than the owner is authorized to represent the owner's interests in this petition, please fill out the applicable information below. Non-attorney representatives must attach written authorization to represent the owner.

↓Landlord Representative Information (if applicable) ↓ ☐ Attorney ☐ Non-attorney Representative

First Name _____ Middle Initial _____ Last Name _____

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

Primary Phone Number _____ Email Address _____

ADDITIONAL INFORMATION REQUIRED ON NEXT PAGE

LANDLORD HARDSHIP APPEAL

List every tenant who may be affected by this Hardship Appeal. If more than 3 tenants, attach additional page with contact information for all other tenants. Also list any attorney or representative of such tenant(s).

↓Tenant Information↓

First Name	Middle Initial	Last Name			
Mailing Address: Street Number (if different from unit address)	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number			Email Address		

↓Tenant Information↓

First Name	Middle Initial	Last Name			
Mailing Address: Street Number (if different from unit address)	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number			Email Address		

↓Tenant Information↓

First Name	Middle Initial	Last Name			
Mailing Address: Street Number (if different from unit address)	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number			Email Address		

↓Tenant Representative Information (if applicable)↓ ☐ Attorney ☐ Non-attorney Representative

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

LANDLORD HARDSHIP APPLICATION

Every owner of the property must complete a separate Hardship Application.

(The Rent Board will be looking at your total financial picture, not just the income and expenses for the building at issue in this case. Please submit documentation proving the veracity of the income, expenses, assets and liabilities that you claim below.)

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

↓Income/Expense Summary for Current Year↓

Monthly Income

Salary (gross)	_____
Annual Bonus	_____
Interest Income	_____
Social Security	_____
Rental Income	_____
Pension Payments	_____
Alimony/Child Support	_____
Dividends	_____
Unemployment Comp.	_____
Worker's Compensation	_____
Other Income: _____	_____
Total Income:	\$ _____

Monthly Expenses (total for all properties you own)

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:	\$ _____

State Value Below

Debts and Liabilities

<u>Short Term Debt (outstanding balance):</u>	
Credit Cards	_____
Credit Lines	_____
Personal Loans	_____
<u>Long Term Debt (outstanding balance):</u>	
Mortgages	_____
Car Loans	_____
Student Loans	_____
Medical Bills	_____
Total All Debts:	\$ _____

↓Hardship Information↓

Number and Age(s) of Dependents

Average # of Hours Worked/Week

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

Briefly state the type of relief sought
(e.g. repayment plan, reduction of payment, other)

↓Declaration of Landlord Petitioner↓

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THIS INFORMATION AND EVERY ATTACHED DOCUMENT, STATEMENT AND FORM IS TRUE AND CORRECT.

(Print Name)

(Signature of Owner or Authorized Representative)
(circle one)

(Date)