

**H HAYWARD CITY OF HAYWARD – RENT REVIEW OFFICE**

Phone (510) 583-4454

Hearing Impaired • TDD  
(510) 247-3340

**TENANT PETITION FOR REVIEW OF RENT**

This petition requests a review of the rental price of a residential rental unit(s) by a City of Hayward Mediator and/or Arbitrator. Before filing this petition, I attempted to contact my landlord or the landlord’s representative on \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_, Hayward, CA \_\_\_\_\_

This petition is being filed because: (check appropriate box)

- The rent is being increased more than 5% in a 12-month period
- The rent is too high due to past rent increases that were in violation of the Hayward Residential Rent Stabilization Ordinance
- Housing Services have been reduced. (Completed service reduction form enclosed)
- Review the status of my unit as decontrolled

Please check any of the following boxes that apply to this petition and fill in the information requested in the line(s) you checked.

- Security deposit interest has not been paid on deposit of \$ \_\_\_\_\_ (amount)
- I received documentation supporting the level of rent increase desired on \_\_\_\_\_ (date)
- I received a copy of the ordinance on \_\_\_\_\_ (date)

My rent before the increase was \$ \_\_\_\_\_ My rent after the increase is \$ \_\_\_\_\_

I was notified of the increase on \_\_\_\_\_ (date) OR I knew about my right to file a petition on \_\_\_\_\_ (date)

The increase becomes effective on \_\_\_\_\_ (date)

Briefly explain any relevant circumstances: \_\_\_\_\_

Owner information: Name \_\_\_\_\_

(Please print) Address \_\_\_\_\_

Daytime phone number \_\_\_\_\_

*I/we affirm under penalty of perjury that the information I/we have provided here is true and correct to the best of my/our knowledge.*

*I/we understand that once this petition is filed, I/we have the right to withhold disputed rent until a decision is made by a Hearing Officer.*

Print Name(s) \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Sign Name(s) \_\_\_\_\_

Date: \_\_\_\_\_



## SERVICE REDUCTIONS\*

IF YOU ARE CLAIMING A REDUCTION IN HOUSING SERVICES, PLEASE LIST THAT SERVICE BELOW. FILL OUT COMPLETELY. USE A SEPARATE FORM FOR EACH SERVICE REDUCED.

Service you believe to be reduced:

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Who is affected by service? *(other tenants, entire complex)*

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Estimated or known value of service. *(Please indicate the basis of your estimate and show any calculations on a separate page)*

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Change in level of service:

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Date service changed: \_\_\_\_\_

Answer one:

Were you notified of change in service?

Written: \_\_\_\_\_ Verbal: \_\_\_\_\_

Date you notified landlord of change in service:

Written: \_\_\_\_\_ Verbal: \_\_\_\_\_

Date landlord asked to restore service:

Written: \_\_\_\_\_ Verbal: \_\_\_\_\_

Landlord's response to notices:

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Current level of service:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*(City) (State) (Zip)*

*\*THIS FORM SHOULD BE ATTACHED TO THE PETITION*