

H HAYWARD CITY OF HAYWARD – RENT REVIEW OFFICE

Phone (510) 583-4454

Hearing Impaired • TDD
(510) 247-3340

MOBILEHOME PARK
TENANT PETITION FOR REVIEW OF RENT

This petition requests a review of the rent/service reduction of the mobilehome space at:

(Name and address of mobilehome park)

Mobilehome address _____ Space number _____

This petition is being filed because *(Please check the appropriate box or boxes):*

- The space rent is being raised more than the greater of either three percent, OR sixty percent of the percent change in the consumer price index up to maximum of six percent, in a twelve- month period.
- Housing services have been reduced. *(Please attach a completed Mobilehome Park Service Reduction Form available in the Rent Review Office, if you check this box)*
- Other reasons:

(Use additional sheets if necessary. Attach to this petition application)

My space rent before the increase was \$ _____ My space rent after the increase is \$ _____

I was notified of the increase on _____ *(date)*. *(attach copy of notice)*
The increase becomes effective on _____ *(date)*.

The Rent Review Officer will contact you in order to review the circumstances surrounding this request for rent review prior to scheduling the first meeting.

If more than ten mobilehome spaces are affected by the same notice of space rent increase, at least 5% of the affected tenants must sign for the petition to be valid.

Mail petitions to the Rent Review Office, City of Hayward, 777 "B" St., 2nd Floor, Hayward, CA 94541-5007. Petitions must be received within either 30 days after the tenant receives notice of increase or within two years after the tenant's discovery of a service reduction.

I affirm under penalty of perjury of the laws of the State of California that the information I have provided here is true and correct to the best of my knowledge.

Petitioner's Name *(Print)* _____ Daytime Phone No. _____

Signature: _____ Date _____

**CITY OF HAYWARD RENT REVIEW OFFICE MOBILEHOME
PARK SERVICE REDUCTION CLAIM FORM***

If you claim a reduction in housing services, fill out all of this form. Use a separate form for each service reduced.

Service you believe to be reduced: _____

Who is affected by service reduction (other tenants, entire park)? _____

Estimated or known value of service. (Please indicate the basis for your estimate and attach your calculations.) _____

Original level of service: _____

Date on which service was first reduced: _____

Current level of service: _____

Date you asked Park Management to restore service: _____

Note: Section 5(b) requires that you ask Park Management in writing to restore service(s) within one year after discovery/notice of the service reduction. Please attach a copy of your request for restoration of service to this claim form and answer all of the following:

When you found out about the change in service and how/from whom?

How you discovered the service reduction? Written notice _____ Oral notice _____

Other (describe) _____

Landlord's response to request to restore services: _____

***SIGN AND ATTACH COMPLETED FORM TO YOUR PETITION**

Signature: _____ Date: _____

Address: _____ Telephone: _____