

CITY OF ALAMEDA
RENT PROGRAM

www.alamedarentprogram.org

PH: (510) 747-4346 FAX: (510) 522-7848 EMAIL: rrac@alamedahsg.org

Tenant’s Request for Review of a Rent Increase Equal to or Less than 5%

Instructions: This form may be used by a tenant to request review of a rent increase equal to or less than 5% before the City’s Rent Review Advisory Committee. The Committee will facilitate a discussion between a tenant and landlord to resolve rent increase disputes. If no agreement is reached, the Committee will make a non-binding recommendation as to the amount of the rent increase.

**The Committee’s jurisdiction is limited to ONLY rent increases. If you have concerns related to maintenance issues, please find appropriate resources here:
www.alamedarentalprogram.org**

SUBMIT THIS FORM TO THE PROGRAM ADMINISTRATOR BY

ADDRESS Rent Program or EMAIL rrac@alamedahsg.org
701 Atlantic Avenue
Alameda, CA 94501

Important:

1. Return this form to the Program Administrator by the 15th of the month for the Committee’s review on the first Monday of the following month
2. A copy of the notice of rent increase must be submitted with this form
3. The Owner and/ or Property Manager will receive a copy of this form and notice to appear at the hearing before the Rent Review Advisory Committee
4. This form will become a public record when submitted to the Program Administrator. All materials submitted to the Rent Review Advisory Committee are subject to the laws governing public records.
5. The hearing will be cancelled if the landlord and the tenant reach agreement as to the rent increase at least two business days before the date of the meeting. If agreement is reached, the landlord and the tenant must file form RP-05.
6. The rent increase must be paid on the date specified on the rent increase notice, even if that date occurs before the meeting of the Rent Review Advisory Committee
7. The Rent Review Advisory Committee does not provide legal advice. Each landlord and tenant is responsible for seeking the advice of legal counsel on any matters or document related to their specific circumstances. The Committee’s decision is not legally binding.
8. You are not eligible for review by the Rent Review Advisory Committee if your rent is regulated by federal law or by regulatory agreements between your landlord and (a) the City, (b) the Housing Authority or (c) any agency of the State of California of the federal Government.

Tenant Name _____ Email address _____

Address _____ Phone: _____

Landlord Name _____ Email address _____

Address _____ Phone: _____

Property Manger Name _____ Email address _____

Address _____ Phone: _____

1. RENTAL HISTORY

	DATES (Month & Year)	AMOUNT
A. Effective date of new rent	_____ to _____	\$ _____
B. Present rent: From Date	_____ to _____	\$ _____
C. Former rent: From Date	_____ to _____	\$ _____
D. Former rent: From	_____ to _____	\$ _____

2. What is the maximum amount of a rent increase that you think is reasonable for your unit?

\$ _____

3. How long have you lived in the unit? _____

4. Is the tenancy a lease or month-to-month? Lease _____ Month-to-Month _____

5. Do you receive Section 8 Housing Choice Voucher rental assistance? No ___ Yes ___

6. In the past 24 months, has the building changed ownership?

Yes ___ No___ Don't Know ___

7. Number of Units in Building _____ Stories _____

8. Approximate Age of Building _____

9. Check utilities that were included in rent before the rent increase:

Gas_____ Electricity_____ Water _____ Garbage/ Recycling ___ Other _____

10. Are there any utilities or fees that were included in the rent before the rent increase, but are now being charged separately from the rent amount?

Yes___ No_____

If yes, which utilities and how is the amount that you are being asked to pay for that utility calculated? _____

11. Check information concerning the unit:

A. Furnished? Yes _____ No _____

B. How many bedrooms? _____

C. How many bathrooms? _____

D. Current number of occupants? Adults _____ Children _____ Pets_____

E. Amenities: Parking: Off Street _____ Covered_____ Garage ___ Elevator ___

Security Building _____ Pool_____ (heated) ___ Other ___

12. Maintenance of Building: Excellent _____ Good _____ Poor_____

I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.

Print Name (Tenant)

Signature (Tenant)

Date

Please briefly state your reason for bringing this case to the Rent Review Advisory Committee. If you have supporting documents, please attach to this form.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

Comments or other relevant information

