



# San Francisco Residential Rent Stabilization and Arbitration Board

*Si necesita este formulario en Español, por favor llame al 415-252-4600 o visite a la oficina de La Junta del Control de Rentas en 25 Van Ness Avenue, #320, San Francisco.*

如果您需要此表格的中文版本，請致電 415-252-4600 或造訪租務委員會辦公室，地址是：25 Van Ness Avenue, #320, San Francisco.

*Kung kailangan ninyo ng form na ito sa Filipino, mangyaring tumawag sa 415-252-4600 o pumunta sa opisina ng San Francisco Rent Board na matatagpuan sa 25 Van Ness Avenue, #320, San Francisco.*

## Information Regarding Tenant Financial Hardship Application (Public Assistance)

If passthroughs or operating and maintenance rent increases cause a financial burden, there may be relief.

If you receive means-tested public assistance, you may qualify for Financial Hardship. File the Tenant Financial Hardship application and include proof of means-tested public assistance, and a copy of your rent increase notice. **If all adult members of the household do not receive means-tested public assistance but are still unable to afford passthroughs or operating and maintenance rent increases, you may qualify under the 524B Tenant Financial Hardship Application (Income Based or Exceptional Circumstances) instead of this form.**

Once you have filed the Hardship Application, you do not have to pay the rent increase(s) until the Rent Board issues a decision. If your Hardship Application is denied, you will have to pay the increase(s) retroactive to the effective date.

The Hardship Application can be filed by one tenant in the household. However, each adult (age 18 or over) in the household must show proof that they receive means-tested public assistance. (Note: A subtenant is not considered a household member.)

A tenant can qualify for hardship relief if all adults in the house are low-income recipients of means-tested public assistance. This includes:

- Social Security Supplemental Security Income (SSI)
- General Assistance (GA),
- Personal Assisted Employment Services (PAES),
- CalFresh (SNAP/Food Stamps)
- California Work Opportunity & Responsibility to Kids (CalWORKS).

All applications must include proof, such as a recent statement of eligibility.

If you believe you qualify for means-tested public assistance, but currently do not receive them, you may contact the following groups for help:

### **1235 Mission Service Center**

(For CalFresh, General Assistance, and Personal Assisted Employment Services)  
1235 Mission Street  
San Francisco, CA 94103  
Monday – Friday: 8:00 AM – 5:00 PM

### **CalFresh (SNAP/Food Stamps)**

(415) 558-4700 or (855) 355-5757

### **CalWORKS**

(415) 557-5100 or (855) 577-5100

### **County Adult Assistance Programs (CAAP)**

(For GA and PAES)  
(415) 558-2227

### **Department of Disability and Aging Services (DAS)**

2 Gough Street  
San Francisco, CA 94103  
(415) 355-3555 or TTY (415) 355-6700

### **Independent Living Resource Center**

(415) 543-6222 ext. 1100

### **Social Security Administration (SSI)**

(800) 772-1213 or TTY (800) 325-0778  
<https://www.ssa.gov/>

# San Francisco Residential Rent Stabilization and Arbitration Board

## INSTRUCTIONS FOR COMPLETING THE TENANT FINANCIAL HARDSHIP APPLICATION

- (1) Give complete contact information for all parties. Include names, mailing addresses and telephone numbers.
- (2) Provide all requested information with supporting documentation. Include a copy of your most recent rent increase notice.
- (3) If you have not received either a rent increase notice or a Rent Board decision, we cannot process your Hardship Application.

Rent Board Date Stamp

## TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

New  Amended

**↓Tenant Information↓** If there is more than one adult in the household, include them in the Household Composition section on page 2.

My name is: \_\_\_\_\_  
First Name Middle Initial Last Name

I live at: \_\_\_\_\_ San Francisco, CA \_\_\_\_\_  
Street Number of the Unit Street Name Unit Number Zip Code

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

Primary Phone Number Email Address

**↓Tenant Representative Information↓**  Attorney  Non-attorney Representative  Interpreter  None

First Name Middle Initial Last Name

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

Primary Phone Number Email Address

**↓Landlord Information↓**

First Name Middle Initial Last Name

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

Primary Phone Number Email Address

**↓Landlord Representative Information↓**  Attorney  Non-attorney Representative  Interpreter  None

First Name Middle Initial Last Name

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

Primary Phone Number Email Address

# San Francisco Residential Rent Stabilization and Arbitration Board

## TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

New  Amended

### ↓Rent Information↓

The total monthly rent for my unit is \$\_\_\_\_\_. I am seeking relief from payment of the following portion(s) of my rent due to financial hardship (check all that apply):

- Capital Improvement Passthrough (You may file at any time after the rent increase or decision is received.)
- Water Revenue Bond Passthrough (You may file within one year of the effective date.)
- General Obligation Bond Passthrough (You may file within one year of the effective date.)
- Utility Passthrough (You may file within one year of the effective date.)
- Operating and Maintenance (O&M) Rent Increase (You may file within one year of the effective date.)

Please complete all relevant sections. Note the filing deadline for each type of rent increase.

### ↓Rent Increase Notice or Rent Board Decision↓ (Attach a copy of the rent increase notice)

Please provide your most recent rent increase notice and all attachments. If there has been a rent board decision, then please check the relevant box below.

The rent increase notice should be recent. It should show a passthrough or operating and maintenance rent increase.

A Rent Board decision should show an approved passthrough or operating and maintenance rent increase. Please include the case number(s). You may call the Rent Board at (415)252-4600 if you do not have this.

If there has been no rent increase notice or Rent Board decision, then it is too early to file for a hardship.

- I have attached a copy of the rent increase notice.
- I have received a Rent Board decision. Case number(s) \_\_\_\_\_

### ↓Household Composition and Public Assistance↓ (Attach proof of public assistance.)

Please provide the name(s) and information for each person who lives in the unit. An adult is 18 years of age or older. Children and subtenants do not need to provide proof of means-tested public assistance.

	First and Last Name (please print)	Adult Tenant	Child Under 18	Subtenant	Public Assistance	Primary Phone Number
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Attach additional sheet if more space is needed.

- I have attached proof of means-tested public assistance for each adult in the unit. Children and subtenants do not need to provide proof of means-tested public assistance.

524A Tenant Financial Hardship Application – Public Assistance (Eng) 7/24

# San Francisco Residential Rent Stabilization and Arbitration Board

## TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

New  Amended

### ↓Capital Improvement Passthrough Information↓ (Attach a copy of the capital improvement rent increase notice.)

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application at any time after the rent increase notice or Rent Board decision is received.

Payment of the capital improvement passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

\_\_\_\_\_  
Capital Improvement Passthrough Amount(s)

\_\_\_\_\_  
Rent Board Case Number(s)

\_\_\_\_\_  
Date(s) the CI Passthrough Takes Effect

- I have not paid the capital improvement passthrough. **OR**  
 I have paid the capital improvement passthrough for the following months: \_\_\_\_\_

### ↓Water Revenue Bond (WRB) Passthrough Information↓ (Attach a copy of the WRB Worksheet & rent increase notice.)

Do not file before a rent increase notice is received. The Water Revenue Bond Passthrough should be listed in a worksheet that is attached to the rent increase notice. You may file a Hardship Application **within one year of the effective date of the water revenue bond passthrough.**

Payment of the water revenue bond passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

\_\_\_\_\_  
Water Revenue Bond Passthrough Amount(s)

\_\_\_\_\_  
Date(s) the WRB Passthrough Takes Effect

- I have not paid the water revenue bond passthrough. **OR**  
 I have paid the water revenue bond passthrough for the following months: \_\_\_\_\_

### ↓General Obligation Bond (GOB) Passthrough Information↓ (Attach a copy of the GOB Worksheet & rent increase notice.)

Do not file before a rent increase notice is received. The GOB Passthrough should be listed in a Bond Measure Passthrough Worksheet that is attached to the rent increase notice. You may file a Hardship Application **within one year of the effective date of the general obligation bond passthrough.**

Payment on this portion shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

\_\_\_\_\_  
GOB Passthrough Amount

\_\_\_\_\_  
Date the GOB Passthrough Takes Effect

- I have not paid the general obligation bond passthrough **OR**  
 I have paid the general obligation bond passthrough in its entirety for the following months: \_\_\_\_\_

San Francisco Residential Rent Stabilization and Arbitration Board

TENANT FINANCIAL HARDSHIP APPLICATION
(PUBLIC ASSISTANCE)

checkbox New checkbox Amended

Utility Passthrough Information (Attach a copy of the utility passthrough rent increase notice.)

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application within one year of the effective date of the utility passthrough.

Payment of the utility passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

Utility Passthrough Amount

Rent Board Case Number

Date the Utility Passthrough Takes Effect

- checkbox I have not paid the utility passthrough. OR
checkbox I have paid the utility passthrough for the following months:

Operating and Maintenance (O&M) Rent Increase Information (Attach a copy of the O&M rent increase notice.)

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application within one year of the effective date of the O&M increase or within 15 days of the issuance of the Rent Board decision, whichever is later.

Payment of the O&M rent increase shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

O&M Rent Increase Amount

Rent Board Case Number

Date the O&M Rent Increase Takes Effect

Interpreter Request

Would you need an interpreter for a hearing? If yes, list your language.

Language Needed

# San Francisco Residential Rent Stabilization and Arbitration Board

## TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

New  Amended

### ↓ Tenant Resources ↓

The following organizations can assist you in filing your Hardship Application:

#### **Housing Rights Committee of SF**

##### Main Office

(Cantonese/Mandarin/Spanish/English/Russian)  
(415) 703-8644

Call for hours

#### **Chinatown Community Development Center**

(Cantonese/Mandarin/English)

663 Clay Street  
San Francisco, CA 94111

(415) 984-2728 • Call for Appointment

##### Richmond District Office

(Cantonese/Mandarin/English/Russian)  
(415) 947-9085

Call for hours

#### **Causa Justa::Just Cause**

(Spanish/English)

4804 Mission St. Suite 231  
San Francisco, CA 94112

(415) 487-9203

#### **Tenderloin Housing Clinic**

*Tenants in hotels and Tenderloin residents*

(Spanish/English)

456 Ellis Street  
San Francisco, CA 94102

(415) 983-3970

Call for hours

#### **Advancing Justice - Asian Law Caucus**

(Cantonese/Mandarin/English)

55 Columbus Avenue  
San Francisco, CA 94111

(415) 896-1701 • Call for Appointment

### DECLARATION OF TENANT(S)

**Each adult age 18 or over for whom public assistance information was provided above must sign and date this Declaration.**

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT EVERY STATEMENT IN THIS TENANT FINANCIAL HARDSHIP APPLICATION AND EVERY ATTACHED DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO ACKNOWLEDGE THAT THE RENT BOARD WILL SEND A COPY OF THIS HARDSHIP APPLICATION TO THE LANDLORD.

**NOTE: Attach additional sheet if more space is needed.**

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

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Date)

**TENANT FINANCIAL HARDSHIP APPLICATION  
(PUBLIC ASSISTANCE)**

**CHECKLIST:**

- ✓ Filled out Tenant Hardship Application (Public Assistance). This must be signed by all adults who live in the unit, except subtenants. An adult is age 18 or older.
- ✓ Submitted copy of Rent Increase Notice or received Rent Board decision about passthrough or operating and maintenance rent increase. Please include any relevant attachments or documents.
- ✓ Submitted proof of current means-tested public assistance, such as a recent statement of eligibility.
- ✓ Submitted the above to 25 Van Ness Avenue, #320, San Francisco, CA 94102-6063 or to [rentboard@sfgov.org](mailto:rentboard@sfgov.org).

**AFTER YOU FILE:**

A copy of your Hardship Application will be sent to the landlord. The landlord will have fifteen (15) days to request a hearing to dispute the information provided in your claim.

If the landlord does not dispute your claim, a decision may be issued by a Rent Board Administrative Law Judge without a hearing.

You do not have to pay the rent increase(s) until you receive the decision, and then only if your Hardship Application is denied.

If a hearing on your Hardship Application is required, you will receive a notice. The notice of the time and date of the hearing will be mailed to both you and the landlord at least ten (10) days before the hearing.

After the hearing, the Administrative Law Judge will issue a written decision. The decision will grant or deny the Hardship Application.

Either party can appeal the written decision to the Rent Board Commission within 15 days of the date the decision is mailed.