



San Francisco Residential Rent Stabilization and Arbitration Board

If you require this form in Spanish, Chinese or Filipino, please call 415-252-4602 or visit the Rent Board's office at 25 Van Ness Avenue, #320, San Francisco.

Si necesita este formulario en Español, por favor llame al 415-252-4602 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 415-252-4602 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 415-252-4602 o pumunta sa opisina ng San Francisco Rent Board na matatagpuan sa 25 Van Ness Avenue, #320, San Francisco.

Rent Board Date Stamp

INFORMATION REGARDING REQUEST FOR HARDSHIP HEARING:

- (1) This Request for Hardship Hearing form must be filed within 15 calendar days of the date of mailing of the Tenant Financial Hardship Application to the landlord by the Rent Board.
- (2) The landlord must specify below the particular statement(s) in the tenant's Hardship Application that the landlord disputes and attach any evidence the landlord has to show that the tenant's statements in the Hardship Application are not true.

REQUEST FOR HARDSHIP HEARING [Pursuant to Rules and Regulations Section 10.15]

Tenant Financial Hardship Application Number _____ Date Hardship Application Mailed to Landlord

Tenant's First Name Middle Initial Last Name

Street Number of Tenant's Unit Street Name Unit Number San Francisco, CA _____ Zip Code

I am requesting a hearing on the tenant's Hardship Application because:

I dispute the following statement(s) in the tenant's Hardship Application:
(Specify the particular statement(s) in the Hardship Application that you dispute. Attach additional pages if necessary.)

I have attached any evidence I have that shows the tenant's statement(s) in the Hardship Application are not true.

(continued on next page)

San Francisco Residential Rent Stabilization and Arbitration Board

↓ Landlord Information ↓

Landlord's First Name (PLEASE PRINT) Middle Initial Last Name

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

Primary Phone Number Other Phone Number

↓ Other Landlord Information (if applicable) ↓

Landlord's First Name (PLEASE PRINT) Middle Initial Last Name

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

Primary Phone Number Other Phone Number

↓ Landlord Representative Information ↓ Attorney Non-attorney Representative Interpreter

First Name (PLEASE PRINT) Middle Initial Last Name

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

Primary Phone Number Other Phone Number

↓ Declaration ↓

I declare under penalty of perjury under the laws of the State of California that every statement in this Request for Hardship Hearing and every attached document is true and correct to the best of my knowledge and belief.

Landlord's Signature

Date