



This is not a rent increase. Tenants will receive written notification of a public hearing that will be held for this petition, and have the right to appear and be heard at these hearings. If the petition is approved tenants will be provided a separate written rent increase notice from the landlord, a minimum of 30 or 60 days prior to the effective date of the rent increase.

**NOTICE OF SUBMISSION AND PROOF OF SERVICE
TO TENANTS OF A PETITION REQUESTING
UPWARD ADJUSTMENT OF RENT AS DEFINED BY
THE COMMUNITY STABILIZATION AND FAIR RENT ACT (CSFRA)**

Date:

Address:

Unit Number(#):

Tenant Name(s)*:

(*List all tenants of this unit affected by this petition.)

This is to notify you that a petition has been submitted for approval of an upward adjustment of rent for the property that includes your rental unit, pursuant to the City of Mountain View Community Stabilization and Fair Rent Act ("CSFRA"), by the landlord, owner, agent or representative stated below. **A copy of the Petition with Worksheets is attached to this Notice. To review the complete and redacted Petition Packet, including evidentiary documentation, please contact the Mountain View Rental Housing Helpline.**

You are entitled to participate in all stages of this process and to have representation if you wish.

You also have the right to file a Response Notice. A copy of the Response Notice is attached. For more details about the petition process, please visit: www.mountainview.gov/rentstabilization. Once the attached petition is accepted for filing by the Rental Housing Committee's designated administrator, the process for deciding the petition will begin.

For help please call the Mountain View Rental Housing Helpline at (650) 282-2514, email CSFRA@housing.org, or visit the walk-in office hours in City Hall on Thursdays from 12 – 2pm.

Landlord/Owner/Agent/Representative

Date:

Signature:

Print Name:

Address:

Landlord's Proof of Service of Petition Packet

I declare that I am over eighteen years of age, and that I served one copy of the attached Petition on the **affected tenant(s) listed above by.**

Personal Service

Delivering the documents in person on the ____ day of _____, 20____, at the address(es) or location(s) above to the following individual(s).

(Print name and address of each party served.)

Mail

Placing the documents, enclosed in a sealed envelope with First-Class Postage fully paid, into a U.S. Postal Service Mailbox on the ____ day of _____, 20____, addressed as follows to the following individual(s).

(Print name and address as shown on envelope of each party served.)

Email

Emailing the documents on the ____ day of _____, 20____ at the email address(es) as follows to the following individual(s). Email is the normal mode of communication with tenant(s).

(Print name and email address of each party served.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Executed on this ____ day of _____, 20____

Signature: _____

Print Name: _____

Address: _____



COMMUNITY STABILIZATION AND FAIR RENT ACT (CSFRA)
PETITION RESPONSE NOTICE

Person Responding to Petition Information

Name: Phone: ()
Mailing Address:
Email:

I hereby file a Response to the following Petition:

Petition Case Number:

For the following Property Address, including Unit Number(s), if applicable:

(Street Number) (Street Name) (Unit Number)

Name of Petitioner:

I am:

- A tenant affected by this petition.
A landlord affected by this petition.
Another party affected by the petition for the following reasons:

I want the Rental Housing Committee to know:

Signature:
Print Name:
Date:



**ACTA DE ESTABILIZACIÓN COMUNITARIA Y RENTA JUSTA (CSFRA)
NOTIFICACIÓN DE RESPUESTA A PETICIÓN**

Persona que Responde a la Información de la Petición

Nombre: _____ Teléfono: () _____

Dirección: _____

Correo Electrónico: _____

Por la presente registro una Respuesta a la siguiente Petición:

Número de Caso de Petición: _____

Para la siguiente Dirección de Propiedad, incluyendo el Número(s) de Unidad, si corresponde:

(Numero de Calle)

(Nombre de Calle)

(Numero de Unidad)

Nombre del Solicitante: _____

Yo soy:

- Un inquilino afectado por esta petición.
- Un propietario afectado por esta petición.
- Otra parte afectada por la petición por los siguientes motivos:

Quiero que el Comité de Viviendas de Alquiler Sepa:

Firma: _____

Nombre: _____

Fecha: _____