



INSTRUCTIONS FOR COMPLETING TENANT PETITION C: UNDUE TENANT HARDSHIP UNDER THE CSFRA

The Community Stabilization and Fair Rent Act (“CSFRA”) of the City of Mountain View Section applies to multifamily rental properties, built before February 1, 1995. The CSFRA regulates rent increases and decreases. Tenants living in a unit covered by the CSFRA have a right to petition for an undue hardship when a previously banked rent increase is charged, or when a Landlord files a Petition for Upward Adjustment of Rent in accordance with the CSFRA and implementing regulations adopted by the Rental Housing Committee, based on any of the following conditions:

Hardship Condition	Household Income Limit or Rent Burden Status*	Additional Criteria
a. Inadequate Household Income	100% of AMI or Severe Rent Burden	n/a
b. Families with Children	120% of AMI or Severe Rent Burden	Primary residence of one or more persons under the age of 18
c. Senior Household	120% of AMI or Severe Rent Burden	Primary residence of person who is 62 or older
d. Persons with Disabilities	120% of AMI or Severe Rent Burden	Primary residence of person who is disabled
e. Persons who are Terminally Ill	120% of AMI or Severe Rent Burden	Primary residence of person who is certified as terminally ill
f. Other	120% of AMI or Severe Rent Burden	Other extenuating circumstances

* Tenant may qualify if total household income does not exceed the listed percentage of area median income adjusted for household size (AMI), or if household spends more than 50% of household income on rent (Severe Rent Burden).

State annual Area Median Income (AMI) for Santa Clara County in 2019 adjusted for family size:

Household Size	1	2	3	4	5	6
100% AMI	\$92,000	\$105,100	\$118,250	\$131,400	\$141,900	\$152,400
120% AMI	\$110,400	\$126,150	\$141,950	\$157,700	\$170,300	\$182,950

Tenants who are considering filing an undue hardship petition are advised to carefully review the applicable sections in the CSFRA and the Regulations before filing a petition. **All forms for filing a petition, as well as the CSFRA and the Regulations, are posted on www.mountainview.gov/rentstabilization.**

HOW TO COMPLETE THE PETITION

- Complete the entire *Petition Packet*, including the *Petition Form* and provide all documentation requested;
- Be sure to check that you have:
 - ✓ Decided whether to designate a representative and completed the separate *Representative Authorization Form* if applicable;
 - ✓ Attached documentation to support your claims as specified in the *Petition Form*, and identified any unavailable documents in the applicable section of the *Petition Form*;
 - ✓ Provided the names and identifying information for witnesses you intend to call at the hearing in the applicable section of the *Petition Form*;
 - ✓ Provided income statements for each household member age 18 or over
 - ✓ Signed the Declaration at the end of the *Petition Form*; and
 - ✓ Attached a copy of the *Notice of Submission and Proof of Service to Landlord of a Petition Requesting Tenant Hardship*

HOW TO FILE THE PETITION

- If desired, you may schedule an *optional and informal* preliminary meeting with a CSFRA program administrator prior to formally serving the petition to the landlord and filing the petition with the City. This preliminary meeting provides an opportunity for CSFRA staff to offer feedback regarding missing information and documentation and clarify questions that you may have before filing the petition.
- Once the packet is ready, prepare the petition for filing with the City and serving on the landlord:
- *For serving on the landlord:*
 - Complete the *Tenant Notice of Submission and Proof of Service to Landlord of a Petition* form and attach it as the cover of the *Petition* that you serve on the landlord of the affected unit;
 - Serve a copy of the *Petition* with the *Notice of Submission and Proof of Service to Landlord of a Petition* form on the cover (*without evidentiary documentation attached*), at the address of lessor in Rental Agreement, if any, or at the address of an authorized property manager, or any other person entitled to receive rent, if any, or at the address where rent is typically delivered;
- *For filing with the City:*
 - Once you have served the petition on the landlord, submit two (2) **un-redacted** copies of the *Petition Packet (including all evidentiary documentation)* to the City of Mountain View with copies of the *Notice of Submission and Proof of Service to Landlord of a Petition* to:

City of Mountain View, Rental Housing Committee
500 Castro Street
Mountain View, CA 94041

THE FORMAL PETITION PROCESS

A program administrator will closely evaluate each petition packet to make sure it meets the submission requirements of the CSFRA and Regulations. If the petition is deemed to be insufficient, the petitioner will be given an opportunity to supplement or revise the petition. A petition will only be considered properly filed when it has been submitted in substantially completed form with all material information necessary to be able to reach a decision on the petition.

AFTER THE PETITION HAS BEEN ACCEPTED

Once the petition is formally accepted, the Mountain View Rental Housing Helpline will contact you to discuss the next stage of the petition and hearing process outlined by Chapters 4 through 7 of the CSFRA Regulations, including scheduling a settlement conference, if that option was elected. The City of Mountain View will have redacted copies of the complete petition (*including all evidentiary documentation*) available for review by interested parties. Personal information (i.e. phone numbers, social security numbers, dates of birth) will be redacted. The redacted copies (*including all evidentiary documentation*) are a public record and subject to the California Public Records Act (Government Code Section 6250, et seq.).

If all parties agree, a settlement conference will be scheduled and a notice of the conference date will be sent to all parties.

If no settlement conference is requested, or if the settlement conference is not successful, a hearing before a Hearing Officer will be scheduled. The hearing will be conducted in accordance with the CSFRA, its Rules and Regulations, and the directions set forth by the Hearing Officer. Parties affected by the petition may file a Response Notice. All parties have a right to participate in the hearing, and to designate an attorney representative, or any other person or organization they choose as a representative. Once the formal hearing has concluded, the Hearing Officer will issue a written decision determining whether the adjustment should be granted.

A Hearing Officer's decision may be appealed to the Rental Housing Committee. The appeal must be filed within ten (10) days of the mailing date of decision by the Hearing Officer. If a Hearing Officer's decision is not appealed within this timeframe, it automatically becomes the final decision for this petition.

LOOKING FOR MORE HELP?

The CSFRA Act and Regulations, as well as all program forms are available at the City's website: www.mountainview.gov/rentstabilization. If you have questions about the petition form which are not answered above or in the petition form itself, please contact the Mountain View Rental Housing Helpline at (650) 282-2514 or CSFRA@housing.org.



For Office Use Only	
Petition No:	Date Intake:
Site Address:	Date Filed:
Intake Staff Initials:	

PETITION C: UNDUE TENANT HARDSHIP AS DEFINED BY THE COMMUNITY STABILIZATION AND FAIR RENT ACT (CSFRA)

I. General Information

A. Tenant Information

Name: _____ Phone: () _____

Address and Unit Number of Rental Unit for Which this Petition is Being Filed:

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

Current or Mailing Address (if different from above):

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

(City) (State) (Zip Code)

Email: _____ Yes, I opt in for email communication

B. Roommate Information

Contact information of Roommates or any Other Person(s) who have Lived in the Rental Unit and Paid Rent During the Time Covered by this Petition (Do not list petitioners):

Name: _____ Phone: () _____

Mailing Address: _____

Email: _____

Name: _____ Phone: () _____

Mailing Address: _____

Email: _____

(Use additional pages if more than two roommates or other person(s) have lived in the rental unit and paid rent during the time covered by this petition)

C. Representative Information

If you wish to authorize a Representative to file this petition on your behalf or appear on your behalf, a **Representative Authorization Form must be completed and submitted with this petition**. Also, please provide the following information for your Representative below:

Name: _____ Phone: () _____
Mailing Address: _____
Email: _____

D. Housing Provider Information

Contact information of Property Owner(s), Property Manager(s), or Other Parties responsible for receiving/demanding payment in excess of lawful rent:

Name: _____ Phone: () _____
Mailing Address: _____
Email: _____

Name: _____ Phone: () _____
Mailing Address: _____
Email: _____

II. Person(s) Living in Household

My household has occupants (count all adults, children and subtenants who live in the household as their primary residence).

	Last Name	First Name	Age	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

III. Rent History

Definition of "Rent": All periodic payments, including additional payment for parking, utilities, pets, subletting, and all nonmonetary consideration provided under a rental housing agreement such as labor performed, services rendered or goods provided for the benefit of the Landlord.

1. **Move-in Date:** _____

2. **Amount of Rent on October 19, 2015:** \$ _____
(If applicable) OR:

3. **Initial Rent Amount on Move-in Date:** \$ _____
(If move-in date falls after October 19, 2015)

4. **Dates and Amounts of Rent Increases Since October 19, 2015, or Since Your Move-In Date if this Date Falls After October 19, 2015:**

	Date of Rent Increase	Amount of New Rent	Percentage of Rent Increase
a.			
b.			
c.			
d.			
e.			

5. **Amount of Rent Currently Paid:** \$ _____

IV. Undue Hardship Condition(s)

This Petition is based on one or more of the following conditions (*check each box that applies*)

Inadequate Household Income:
Household income is below 100% of AMI or 50% of household income is paid toward rent

Families with Children:
Household income is below 120% of AMI or 50% of household income is paid toward rent **and** the household is primary residence of an individual under the age of 18

Senior Household:
Household income is below 120% of AMI or 50% of household income is paid toward rent **and** the household is primary residence of an individual who is 62 or older

Persons with Disabilities:
Household income is below 120% of AMI or 50% or more of household income is paid toward rent **and** the household is primary residence of an individual who is disabled

Persons who are Terminally Ill:
Household income is below 120% of AMI or 50% or more of household income is paid toward rent **and** the household is primary residence of an individual who is certified as terminally ill

Other Extenuating Circumstances:

None of the circumstances above apply and household income is below 120% of AMI or 50% or more of household income is paid toward rent **and** the following extenuating circumstance exists (such as excessive medical bills): (*Describe below*)

V. Documentation for Petition for Undue Hardship

For your petition to be accepted you **MUST** attach copies of any of the following documents in your possession (and any other documents you believe are evidence). Submit copies only; keep the original documents and bring to any meeting or hearing in this matter. Check the boxes below to indicate the types of documentation being submitted.

Documentation		
1.	<input type="checkbox"/>	Income documentation for all household members over the age of 18
2.	<input type="checkbox"/>	Undue Hardship for Families with Children: Documentation of age such as birth certificates or government issued identification
3.	<input type="checkbox"/>	Undue Hardship for Senior Households: Documentation of age such as birth certificates or government issued identification

4.	<input type="checkbox"/>	Undue Hardship for Persons with Disabilities: Verification by healthcare provider of disability, as defined in Section 12955.3 of the Government Code
5.	<input type="checkbox"/>	Undue Hardship for Persons who are Terminally Ill: Verification of terminal illness as certified by healthcare provider
6.	<input type="checkbox"/>	Undue Hardship for Other Extenuating Circumstances: Documentation may vary
7.	<input type="checkbox"/>	Rental agreements and/or leases
8.	<input type="checkbox"/>	Other (explain):

VI. Household Income

Provide income statements for each household member age 18 or over. Sources of Income may include the following (attach proof of income earned in the previous 12 months to verify the amounts reported):

- Wages, salaries and other monetary compensation for each wage earner in the household age 18 and over: attach pay stubs or verification letter from employer.
- Business Income: attach copies of account ledgers, tax returns or similar documents
- Interest, dividends and royalties: attach copies of checks or bank or stock statements
- Social security, retirement funds, pensions and annuities: attach copies of checks or other verification
- Unemployment, workers' compensation or other payment in lieu of earnings: attach copies or checks or other verification
- Social Security Disability Income (SSDI), Supplemental Security Income (SSI) or Welfare Assistance: attach copies of checks or other verification

	First and Last Name	Gross Annual Wages	SSA, SSDI, Pension	SSI, GA, PAES or CalWORKS	Rent from Subtenants	Other Income	Total
1.							
2.							
3.							
4.							
Total Household Income							

VII. Missing Documentation

If there are any conditions for which you have not attached any documentation in the section above:

1. Identify the Section number (IV, V, VI) and the line number.
2. Explain why you have not attached documentation, including why it was not readily available to you and/or what actions, if any, you took to try to get this documentation.
3. Describe any testimony in Section VII. below that a witness would provide at a hearing to take the place of any missing documentation.

VIII. Additions/Explanations

Use this section to add to or explain your entries on the coversheet or any of the prior worksheets. Be sure to identify which prior section(s) you are supplementing.

IX. Petitioner’s Witness and Expert Witness List

If an expert witness report will be submitted at the hearing one copy of the report must be submitted either together with the Petition or at least ten (10) business days prior to the hearing.

Witness List	
Please indicate:	
<input type="checkbox"/> Yes, I wish to have the following witnesses (fill out the witness information below)	
<input type="checkbox"/> No, I do not wish to introduce witnesses other than the petitioner	
Petitioner’s Witness List	
Name of Witness	Subject matter the Testimony of this Witness will Cover
1.	
2.	
3.	

X. Request for Settlement Conference

Prior to the hearing regarding a petition for an individual rent adjustment, a voluntary settlement conference may be scheduled through a hearing administrator, to provide an expeditious mechanism for the parties to resolve their differences informally with the assistance of a skilled intermediary. Any settlement agreement will be a private record and is not subject to public disclosure.

- I wish to request a voluntary settlement conference
- I do not wish to request a voluntary settlement conference

XI. Declaration

I (we) declare under penalty of perjury under the laws of the State of California that the contents of the foregoing Petition and all attachments and accompanying documents, are true and correct and complete.

A completed Tenant Notice of Submission and Proof of Service to Landlord of a Petition Requesting Downward Adjustment of Rent is attached.

Signature: _____

Print Name: _____

Date: _____

Signature: _____

Print Name: _____

Date: _____