

**CITY OF BERKELEY
 RENT STABILIZATION BOARD
 2125 Milvia Street, Berkeley, CA 94704
 TEL: (510) 981-7368 (981-RENT) TDD: (510) 981-6903 FAX: (510) 981-4940
 E-MAIL: rent@ci.berkeley.ca.us INTERNET: www.ci.berkeley.ca.us/rent/**

Petition No. L-_____

AGREEMENT OF PARTIES/WAIVER OF RIGHT TO A HEARING

Property Address: _____ Unit No. _____
(Use a separate form for each unit)

This box must be checked for the waiver and agreement to be valid.

- I have received a copy of the petition and supporting documentation, and have no objections to the requested rent ceiling increase.
- I am satisfied that my unit is in habitable condition.
- **I give up my right to a hearing.**
- I understand that if ALL the affected tenants waive their right to a hearing or fail to file an objection, a decision may be issued without a hearing and be based on the petition, supporting documentation and the Board's records.

One or more of the following boxes must be checked for the waiver and agreement to be valid.

Assuming the landlord is eligible for a rent ceiling increase in the amount requested*:

We agree to a maximum increase of \$ _____ per month.

I (tenant) waive my right to the phase-in of increases under Regulation 1274(B).
 (Rent ceiling increases for increased occupancy are not subject to a phase-in.)

We agree to an implementation of the increase different from that authorized by the Regulations, specifically:

*** The agreed-upon increase must conform to the Ordinance and the Regulations to be approved.**

CERTIFICATION: I declare under penalty of perjury under the laws of the State of California that the above assertions are made voluntarily and without financial or other inducement.

LANDLORD SIGNATURE	PRINTED NAME	DATE
TENANT SIGNATURE	PRINTED NAME	DATE
TENANT SIGNATURE	PRINTED NAME	DATE
TENANT SIGNATURE	PRINTED NAME	DATE
TENANT SIGNATURE	PRINTED NAME	DATE