

**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](mailto:rent@ci.berkeley.ca.us) INTERNET: [www.ci.berkeley.ca.us/rent/](http://www.ci.berkeley.ca.us/rent/)**

**INSTRUCTIONS FOR FILING PETITION TO DETERMINE THE INITIAL RENT FOR A  
NON-COMPARABLE REPLACEMENT UNIT (Regulation 1301)**

**GENERAL INFORMATION**

A landlord who evicts a tenant from a unit under the Rent Stabilization Ordinance to recover the unit for his/her own use or that of the landlord's spouse, child or parent, must offer the tenant a replacement unit if the landlord has a unit available in the City of Berkeley. (Berkeley Municipal Code section 13.76.130.A.9) If the parties do not agree on an initial rent for the replacement unit, either party may file this petition to have the Rent Board determine the initial rent.

You may find it helpful to review the Rent Stabilization Ordinance and Rent Board Regulation 1301 before filing this petition. Copies of the Ordinance and Regulations are available at the Rent Board's office, the Berkeley Public Libraries and on the Internet ([www.ci.berkeley.ca.us/rent/](http://www.ci.berkeley.ca.us/rent/)). Rent Board counselors are available to answer questions about the petition process, in person or by telephone at the number listed above, Mondays, Tuesdays, Thursdays and Fridays, 9:00 a.m. to 4:45 p.m., and Wednesdays, 12:00 p.m. to 6:30 p.m.

**FILING THE PETITION**

To obtain a determination of the initial rent for a non-comparable replacement unit, the following items must be submitted to the above address:

1. A completed petition signed by the petitioner (tenant or landlord);
2. A completed Unit Comparison Form and supporting documentation (see below);
3. A proof of service stating that the opposing party was served a copy of the petition and documentation either by first-class mail or in person.

**UNIT COMPARISON FORM and SUPPORTING DOCUMENTATION**

In completing the Unit Comparison Form, you must identify (to the best of your knowledge) the similarities and differences between the two units, including location, size, services and amenities. Supporting documentation may include, but is not limited to, blueprints or diagrams, photographs, property records, Rent Board rent ceiling data, as well as amenities of the areas surrounding the properties.

**AFTER THE PETITION IS FILED**

The Board will mail a Unit Comparison Form to the opposing party. The opposing party will have 10 days from the date the form is mailed to file a response. A hearing will be held on the petition no later than 15 days from the date the opposing party files a timely response with the Board. The response is deemed filed on the date it is received at the offices of the Board. A written decision will be mailed to each party within 10 days after the close of the record. The decision will determine the initial rent for the replacement unit. **Filing an incomplete petition will delay processing.**

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PETITION NO. NC-\_\_\_\_\_

**PETITION TO DETERMINE THE INITIAL RENT FOR A  
NON-COMPARABLE REPLACEMENT UNIT**  
Regulation 1301

**A. Petitioner's information:**

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

I am the:  Landlord  Tenant

**NOTE: Your mailing address and any subsequent changes of address will be part of the official record of the case and a matter of public record.**

**B. Information About the Units:**

Address of the unit the landlord seeks to recover: \_\_\_\_\_

Address of the replacement unit: \_\_\_\_\_

Monthly rent proposed by Petitioner for the replacement unit: \_\_\_\_\_

Monthly rent proposed by Respondent for the replacement unit: \_\_\_\_\_

**C. (To be completed by tenant petitioners only)**

Landlord's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address (if known) \_\_\_\_\_ @ \_\_\_\_\_

**D. Petitioner's representative (if any):**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address (if known) \_\_\_\_\_ @ \_\_\_\_\_

**E. Certification:** I declare under penalty of perjury under the laws of the State of California that the information stated above, and in any attachments, is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**NOTE: An original signature is required.**

**F. Unit Comparison Form: Please complete the following to the best of your knowledge:**

|                                      | <b>Occupied Unit</b> | <b>Replacement Unit</b> |
|--------------------------------------|----------------------|-------------------------|
| <b>Neighborhood of Unit</b>          |                      |                         |
| <b>Size of Building (# of units)</b> |                      |                         |
| <b>Location of unit in building</b>  |                      |                         |
| <b>Total Square Footage</b>          |                      |                         |
| <b>Furnished or Unfurnished</b>      |                      |                         |
| <b>Number of Bedrooms</b>            |                      |                         |
| <b>Number of Bathrooms</b>           |                      |                         |
| <b>Dining Room</b>                   |                      |                         |
| <b>Total Number of Rooms</b>         |                      |                         |
| <b>Stove/oven</b>                    |                      |                         |
| <b>Refrigerator</b>                  |                      |                         |
| <b>Washer/Dryer</b>                  |                      |                         |
| <b>Dishwasher</b>                    |                      |                         |
| <b>Garbage Disposal</b>              |                      |                         |
| <b>Working Fireplace</b>             |                      |                         |
| <b>Carpets or Hardwood Floors</b>    |                      |                         |
| <b>Elevator</b>                      |                      |                         |
| <b>View</b>                          |                      |                         |
| <b>Yard</b>                          |                      |                         |
| <b>Central or Space Heating</b>      |                      |                         |
| <b>Parking/Garage</b>                |                      |                         |
| <b>Storage</b>                       |                      |                         |
| <b>Date unit last painted</b>        |                      |                         |
| <b>General Condition of Building</b> |                      |                         |
| <b>MOST RECENT MONTHLY RENT</b>      |                      |                         |

**PROOF OF SERVICE**

I AM A RESIDENT OF \_\_\_\_\_ COUNTY AND WAS, AT THE TIME OF SERVICE, OVER EIGHTEEN YEARS OF AGE. ON \_\_\_\_\_ (DATE), I SERVED ONE COPY OF THE FOLLOWING DOCUMENT(S): Petition to Determine the Initial Rent for a Non-Comparable Replacement Unit; Unit Comparison Form; and Supporting Documentation

BY: (CHECK APPROPRIATE BOX)

**DELIVERING THE DOCUMENTS IN PERSON TO THE FOLLOWING INDIVIDUAL(S):**  
[PRINT NAME OF EACH PARTY SERVED:]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLACING THE DOCUMENTS, ENCLOSED IN A SEALED ENVELOPE WITH FIRST-CLASS POSTAGE FULLY PAID, INTO A U.S. POSTAL SERVICE MAILBOX, ADDRESSED AS FOLLOWS:**  
[PRINT NAME AND ADDRESS AS SHOWN ON ENVELOPE OF EACH PARTY SERVED:]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINTED NAME)