

Tenant Schedule C

**DECREASE in LIVING SPACE or HOUSING SERVICES; SUBSTANTIAL
DETERIORATION; FAILURE to PROVIDE ADEQUATE SERVICES or
COMPLY WITH CODES or the WARRANTY of HABITABILITY
Regulation 1269 B**

Rent ceilings may be reduced for decreases in living space and/or housing services that were provided at the unit in 1980 or at the beginning of a tenancy pursuant to the rental agreement; for substantial deterioration of a rental unit; or for failure to provide adequate housing services, or to substantially comply with applicable state rental housing laws, local codes, the implied warranty of habitability or the rental agreement. The rent decrease is based on the percentage of impairment of the tenant's use of and benefit from the unit.

Check all that apply:

- DECREASE IN LIVING SPACE (**DSP**);
- DECREASE IN HOUSING SERVICES (**DSR**);
- SUBSTANTIAL DETERIORATION (**DET**);
- FAILURE TO PROVIDE ADEQUATE SERVICES, or TO COMPLY WITH CODES OR THE WARRANTY OF HABITABILITY (**HAB**). When alleging HAB, it is advised that you submit a Housing Inspector's report with the petition. Call 510-981-5444 for information on how to schedule an appointment. Date of City Housing inspection, if scheduled: _____

A. Date you first rented this unit: _____ Monthly rent at that time: _____

List all the rooms in the unit and any other spaces (e.g., patio, garage) that are part of the rental:

B. If the rent has changed during your tenancy, provide the following information:

<u>Date of Rent Change</u>	<u>Amount of New Rent</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. Describe each problem and the resulting impairment; state the date the problem began or the date you first became aware of it, the date you first notified the landlord or manager of the problem, and the date it was corrected, if applicable. After listing all problems, rank each in terms of its importance to you. Copy this table and attach additional sheets, if necessary. Attach copies of notices to the landlord, inspection reports or other evidence to support your claim.

Describe Problem in Detail (e.g., the heater does not work at all; the heat is inadequate, etc.)	Beginning Date	Date you Notified Landlord or Manager	Ending Date (If applicable)	Rank Problem
For each problem, describe how it impaired your use of and benefit from the unit.				
Problem:				
Impairment:				
Problem:				
Impairment:				
Problem:				
Impairment:				
Problem:				
Impairment:				

D. Amount of refund and/or rent reduction you are requesting: _____