

**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/**

**INSTRUCTIONS FOR FILING LANDLORD PETITION TO IMPLEMENT RENT INCREASES
CONDITIONALLY GRANTED IN PREVIOUS ADVISORY DECISION
Regulation 1214**

To obtain authorization to implement rent increases that were conditionally granted in an advisory decision, you must mail or bring the following items to the above address:

1. A completed petition signed by the owner;
2. A copy of the advisory decision that conditionally granted the requested rent increases;
3. A proof of service stating that the affected tenants were served a copy of the petition and advisory decision by first-class mail or in person.

A completed proof of service is required each time documents related to the petition are filed.

By signing the petition, you certify under penalty of perjury that, for any units that lost their exemption because a new tenancy was created, you notified the new tenants of the advisory decision at the time that the new tenancy was created and also notified them of your intention to raise their rent to include the conditionally granted increases as soon as possible.

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. Copies of the Rent Stabilization Ordinance and Rent Board Regulations are available at the Rent Board's office, the Berkeley Public Libraries and on the Internet (<http://www.ci.berkeley.ca.us/rent/>).

AFTER THE PETITION IS FILED

Unless a signed Agreement of Parties or Waiver of Right to Hearing (copy attached) is submitted, the Board will mail a Notice of Right to Object to each affected tenant, who has 20 days from the date the notice is mailed to file an objection to the petition. **(Petitions submitted with an Agreement of Parties must still include a proof of service indicating that all affected tenants were served with a copy of the petition.)** If a timely objection is filed, the petition will be scheduled for a settlement conference and hearing. Notice of the time and place of hearing will be mailed to all parties no later than ten days before the scheduled hearing date. If no objection is filed or if each affected tenant signs a waiver of the right to a hearing, an administrative decision will be issued based on the petition, supporting documentation and the Board's records.

Filing an incomplete petition will delay processing.

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PETITION NO. L- _____

**LANDLORD PETITION TO IMPLEMENT RENT INCREASES CONDITIONALLY
 GRANTED IN PREVIOUS ADVISORY DECISION
 Regulation 1214**

1. Landlord information: (An owner of record **must** sign the certification on the last page.)

A. Landlord's Name _____ Mailing Address _____

City _____ State ____ Zip _____ Phone _____

B. Name of Representative (if any) _____ Mailing Address _____

City _____ State ____ Zip _____ Phone _____

2. Property information:

Property Address _____ Zip _____

Total number of residential units on property, including exempt and owner-occupied units: _____

For all units for which increases are requested, list the unit designations, the names of all tenants in the unit, the beginning date of the tenancy, and the **current** rent being charged. (Rent increases can be granted only for units that are currently registered, i.e., not exempt.) Attach additional sheets if necessary.

Unit No.	Current Tenants (even if not on lease)	Date Tenancy Began	Current Rent

3. **Other Petitions:**

State petition number of the advisory decision. _____

Have any petitions been filed for any of these units since the advisory decision was issued, including any pending decisions)? Yes _____ No _____ Unknown _____

Petition number(s), if known _____

4. **Requested Rent Increases:** Identify the units affected by this petition and the amount of the rent ceiling increases that were conditionally granted in the advisory decision and that you now wish to implement.

Unit No.	Rent Charged	Rent Increase Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **New Tenancies:** Identify any units covered by this petition that were previously exempt because they were not being rented and which, within the last six months, lost their exemption due to the creation of a new tenancy.

Unit No.	Rent Charged	Rent Increase Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When these units lost their exemption and were rented to the new tenants, were the new tenants notified of the advisory decision and of your intention to implement the conditionally granted rent increases as soon as possible?

Yes _____ No _____

If your answer is No, you may be ineligible to implement the increases at this time and should speak to a Rent Board counselor before filing this petition.

6. **Certification:** (Must be signed by an owner of record.) Each unit included in this petition has been properly registered for at least 30 days and is in compliance with the Ordinance, Regulations and applicable state and local housing, building, health and safety codes. I declare under penalty of perjury of the laws of the State of California that the information in this petition and in all schedules, attachments and forms is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

Printed Name _____

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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 agreement or waiver to be valid.) I have received a copy of the petition and supporting documentation, and have no objections to the requested rent ceiling increases. I am satisfied that my unit is in habitable condition.

AGREEMENT OF PARTIES

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

- We agree to a maximum increase of \$ _____.
- We agree to an implementation of the increase different from that authorized by the Regulations; specifically: _____
- I (tenant) waive my right to the phase-in of increases as provided in Regulation 1274(B). *(Rent ceiling increases for increased occupancy are not subject to a phase-in.)*

Note: An agreement that does not conform to the Ordinance and the Regulations will not be approved.

WAIVER OF RIGHT TO HEARING

- I give up my right to a hearing** and 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.
- Furthermore, I 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.)*

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

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): _____

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)