

**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@cityofberkeley.info INTERNET: rentboard.berkeleyca.gov**

PETITION NO. L- _____

**LANDLORD PETITION FOR INDIVIDUAL RENT ADJUSTMENT FOR UNITS IN PROPERTIES
 WITH NO VACANCY INCREASES SINCE 1998 (Regulation 1282)**

1. Landlord information:

Landlord's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email: _____ @ _____

Name of Representative (if any) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email: _____ @ _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LANDLORD PETITION FOR INDIVIDUAL RENT ADJUSTMENT FOR UNITS IN PROPERTIES
WITH NO VACANCY INCREASES SINCE 1998 (Regulation 1282), con't.**

3. 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 _____

**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@cityofberkeley.info INTERNET: rentboard.berkeleyca.gov**

Petition No. L- _____

**AGREEMENT OF PARTIES/WAIVER OF RIGHT TO A HEARING
(Regulation 1282)**

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

- (This box must be checked by the tenant for the agreement or waiver to be valid.)**
I have received a copy of the petition for an increase in the legal rent ceiling and have reviewed the grounds for objection on the other side of this form and have no objections to the requested rent ceiling increases.

AGREEMENT OF PARTIES

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

- We agree to a maximum increase of 6% of the current lawful rent ceiling for the unit. The increase will be implemented in two stages. One half of the increase, or 3%, shall be implemented upon expiration of 30 days' advance written notice (Civ. Code § 827). Implementation of the second 3% increase shall be deferred until no sooner than 12 months after the first increase.
- We agree to an implementation of the increase different from that authorized by Regulation 1282; specifically: _____

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

WAIVER OF RIGHT TO HEARING

- (This box must be checked by the tenant for the waiver of right to hearing to be valid.)**

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.

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)