

**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**

**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/). 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:

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

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)