



San Francisco Residential Rent Stabilization and Arbitration Board

Si necesita este formulario en Español, por favor llame al 415-252-4600 o visite a la oficina de La Junta del Control de Rentas en 25 Van Ness Avenue, #700, San Francisco.

如果您需要此表格的中文版本，請致電 415-252-4600 或造訪租務委員會辦公室，地址是：25 Van Ness Avenue, #700, San Francisco。

Kung kailangan ninyo ng form na ito sa Filipino, mangyaring tumawag sa 415-252-4600 o pumunta sa opisina ng San Francisco Rent Board na matatagpuan sa 25 Van Ness Avenue, #700, San Francisco.

關於租客經濟困難申請的信息

(公共援助)

Information Regarding Tenant Financial Hardship Application (Public Assistance)

您如果因轉嫁或營運與維護加租造成經濟壓力，可以申請減免。

If passthroughs or operating and maintenance rent increases cause a financial burden, there may be relief.

如果您領取經濟狀況調查公共援助，則有資格申請經濟困難援助。提交租客經濟困難申請並隨附經濟狀況調查公共援助證明以及加租通知的副本。如果住戶中的所有成年成員均未領取經濟狀況調查公共援助，但仍負擔不起轉嫁或營運與維護加租費用，則您有資格根據 524B《租客經濟困難申請》（收入或特殊情況）提交申請，無需再提交本表。

If you receive means-tested public assistance, you may qualify for Financial Hardship. File the Tenant Financial Hardship application and include proof of means-tested public assistance, and a copy of your rent increase notice. If all adult members of the household do not receive means-tested public assistance but are still unable to afford passthroughs or operating and maintenance rent increases, you may qualify under the 524B Tenant Financial Hardship Application (Income Based or Exceptional Circumstances) instead of this form.

一旦您提交困難申請表，在租務委員會作出決定前，無需支付加租費用。如果您的困難申請被否決，您必須支付追溯至生效日期的加租部分。

Once you have filed the Hardship Application, you do not have to pay the rent increase(s) until the Rent Board issues a decision. If your Hardship Application is denied, you will have to pay the increase(s) retroactive to the effective date.

困難申請由住戶中的一名租客提交即可，但是住戶中的每一位成人（18 歲或以上）均須證明其領取了經濟狀況調查公共援助。（註：分租客不屬於住戶成員。）

The Hardship Application can be filed by one tenant in the household. However, each adult (age 18 or over) in the household must show proof that they receive means-tested public assistance. (Note: A subtenant is not considered a household member.)

屋內所有成人都是領取經濟狀況調查公共援助的低收入者，租客方有資格申請困難減免。這包括：

A tenant can qualify for hardship relief if all adults in the house are low-income recipients of means-tested public assistance. This includes:

- 社會安全補助金 (SSI)
Social Security Supplemental Security Income (SSI)
- 一般協助 (GA)
General Assistance (GA)
- 個人輔助就業服務 (PAES)
Personal Assisted Employment Services (PAES)
- CalFresh (SNAP/糧食券)
CalFresh (Supplemental Nutrition Assistance Program [SNAP]/Food Stamps)
- 加州工作機會及育兒責任計劃 (CalWORKS)
California Work Opportunity & Responsibility to Kids (CalWORKS)

所有申請均須隨附證明，例如近期開具的資格聲明。



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All applications must include proof, such as a recent statement of eligibility.

租客經濟困難申請填寫說明

INSTRUCTIONS FOR COMPLETING THE TENANT FINANCIAL HARDSHIP APPLICATION

- (1) 提供各方完整的聯絡信息，包括姓名、郵寄地址和電話號碼。
Give complete contact information for all parties. Include names, mailing addresses and telephone numbers
- (2) 提供所有所需信息以及支持文件，包括您最新的加租通知副本。
Provide all requested information with supporting documentation. Include a copy of your most recent rent increase notice.
- (3) 如果您尚未收到加租通知或租務委員會的決定，我們無法處理您的困難申請。
If you have not received either a rent increase notice or a Rent Board decision, we cannot process your Hardship Application.

租務委員會日期戳
Rent Board Date Stamp

租客經濟困難申請（公共援助）

TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

☐ 新申請 ☐ 修訂版
New Amended

↓租客信息↓ 如果住戶中的成人多於一位，請填寫第 3 頁的住戶組成部分。

↓Tenant Information↓ If there is more than one adult in the household, include them in the Household Composition section on page 3.

本人姓名：_____

My name is: 名字 First Name 中間名 Middle Initial 姓氏 Last Name

本人居住地：_____ San Francisco, CA

I live at: 單位門牌號碼 Street Number of the Unit 街道名稱 Street Name 單位號碼 Unit Number 郵遞區號 Zip Code

郵寄地址：門牌號碼 Mailing Address: Street Number 街道名稱 Street Name 單位號碼 Unit Number 城市 City 州 State 郵遞區號 Zip Code

主要電話號碼 Primary Phone Number 電郵地址 Email Address

↓租客代表信息↓

↓Tenant Representative Information↓

☐ 律師 Attorney ☐ 非律師代表 Non-attorney Representative. ☐ 翻譯員 Interpreter ☐ 無 None

名字 First Name 中間名 Middle Initial 姓氏 Last Name

郵寄地址：門牌號碼 Mailing Address: Street Number 街道名稱 Street Name 單位號碼 Unit Number 城市 City 州 State 郵遞區號 Zip Code

主要電話號碼 Primary Phone Number 電郵地址 Email Address



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New

Amended

↓房東信息↓

↓Landlord Information↓

名字
First Name

中間名
Middle Initial

姓氏
Last Name

郵寄地址：門牌號碼
Mailing Address: Street Number

街道名稱
Street Name

單位號碼
Unit Number

城市
City

州
State

郵遞區號
Zip Code

主要電話號碼
Primary Phone Number

電郵地址
Email Address

↓房東代表信息↓

↓Landlord Representative Information↓

☐ 律師

Attorney

☐ 非律師代表

Non-attorney Representative.

☐ 翻譯員

Interpreter

☐ 無

None

名字
First Name

中間名
Middle Initial

姓氏
Last Name

郵寄地址：門牌號碼
Mailing Address: Street Number

街道名稱
Street Name

單位號碼
Unit Number

城市
City

州
State

郵遞區號
Zip Code

主要電話號碼
Primary Phone Number

電郵地址
Email Address

↓租金信息↓

↓Rent Information↓

本單位的每月租金總額為 \$_____。本人因經濟困難尋求減免以下部分租金（請勾選所有適用選項）：

The total monthly rent for my unit is \$_____. I am seeking relief from payment of the following portion(s) of my rent due to financial hardship (check all that apply):

- ☐ 主要修繕轉嫁（您可以在收到加租通知或決定後隨時提交。）
Capital Improvement Passthrough (You may file at any time after the rent increase or decision is received.)
- ☐ 水收益債券轉嫁（您可以自生效日期起一年內提交。）
Water Revenue Bond Passthrough (You may file within one year of the effective date.)
- ☐ 一般義務債券轉嫁（您可以自生效日期起一年內提交。）
General Obligation Bond Passthrough (You may file within one year of the effective date.)
- ☐ 公用事業轉嫁（您可以自生效日期起一年內提交。）
Utility Passthrough (You may file within one year of the effective date.)
- ☐ 營運與維護 (O&M) 加租（您可以自生效日期起一年內提交。）
Operating and Maintenance (O&M) Rent Increase (You may file within one year of the effective date.)

請填寫所有相關部分。請注意各類加租困難申請的提交期限。

Please complete all relevant sections. Note the filing deadline for each type of rent increase.



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租客經濟困難申請（公共援助）

TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

☐ 新申請 ☐ 修訂版

New

Amended

↓加租通知或租務委員會決定↓（隨附加租通知的副本。）

↓Rent Increase Notice or Rent Board Decision↓ (Attach a copy of the rent increase notice.)

請提供您最新的加租通知以及所有附件。如果租務委員會已作出相關決定，請勾選以下相關方框。

Please provide your most recent rent increase notice and all attachments. If there has been a rent board decision, then please check the relevant box below.

加租通知應為近期發出的通知，其中應指明轉嫁或營運與維護加租情況。

The rent increase notice should be recent. It should show a passthrough or operating and maintenance rent increase.

租務委員會作出的決定應指明經核准的轉嫁或營運與維護加租情況。請提供案件編號。如果您沒有案件編號，請撥打 (415) 252-4600 聯繫租務委員會。

A Rent Board decision should show an approved passthrough or operating and maintenance rent increase. Please include the case number(s). You may call the Rent Board at (415) 252-4600 if you do not have this.

如果您沒有收到加租通知或租務委員會的決定，請勿提交困難申請。

If there has been no rent increase notice or Rent Board decision, then it is too early to file for a hardship.

☐ 本人已隨附加租通知的副本。

I have attached a copy of the rent increase notice.

☐ 本人已收到租務委員會的決定。案件編號

I have received a copy of the Rent Board decision. Case number(s)

↓住戶組成和公共援助↓（隨附公共援助證明。）

↓Household Composition and Public Assistance↓ (Attach proof of public assistance.)

請提供居住在本單位每個人的姓名和信息。成人是指年滿 18 歲者。兒童和分租客無需提供經濟狀況調查公共援助的證明。

Please provide the name(s) and information for each person who lives in the unit. An adult is 18 years of age or older. Children and subtenants do not need to provide proof means-tested public assistance.

	姓名（請用正楷書寫） First and Last Name (please print)	成人租客 Adult Tenant	18 歲以下 兒童 Child under 18	分租客 Subtenant	公共援助 Public Assistance	主要電話號碼 Primary Phone Number
1.		☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	
2.		☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	
3.		☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	
4.		☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	☐ 是 / Yes ☐ 否 / No	

註：如需更多空間，請另附紙頁。

Note: Attach additional sheet if more space is needed.

☐ 本人已隨附單位中每位成人的經濟狀況調查公共援助的證明。兒童和分租客無需提供經濟狀況調查公共援助的證明。



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I have attached proof of means-tested public assistance for each adult in the unit. Children and subtenants do not need to provide proof of means-tested public assistance.

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New

Amended

↓主要修繕轉嫁信息↓（隨附主要修繕加租通知的副本。）

↓Capital Improvement Passthrough Information↓ (Attach a copy of the capital improvement rent increase notice.)

在收到加租通知或租務委員會決定前，請勿提交申請。您可以在收到加租通知或租務委員會決定後提交困難申請。

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application at any time after the rent increase notice or Rent Board decision is received.

自困難申請提交之日起，應暫停支付主要修繕轉嫁費用，直到租務委員會就困難申請作出決定為止。

Payment of the capital improvement passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

主要修繕轉嫁金額

Capital Improvement Passthrough Amount(s)

租務委員會案件編號

Rent Board Case Number(s)

主要修繕轉嫁生效日期

Date(s) the CI Passthrough Takes Effect

☐ 本人尚未支付主要修繕轉嫁費用。或

I have not paid the capital improvement passthrough. OR

☐ 本人已支付以下月份的主要修繕轉嫁費用：_____

I have paid the capital improvement passthrough for the following months:

↓水收益債券 (WRB) 轉嫁信息↓（隨附 WRB 計算表和加租通知的副本。）

↓Water Revenue Bond (WRB) Passthrough Information↓ (Attach a copy of the WRB Worksheet & rent increase notice.)

在收到加租通知前，請勿提交申請。水收益債券轉嫁情況應列於加租通知隨附的計算表中。您可以自水收益債券轉嫁的生效日期起一年內提交困難申請。

Do not file before a rent increase notice is received. The Water Revenue Bond Passthrough should be listed in a worksheet that is attached to the rent increase notice. You may file a Hardship Application within one year of the effective date of the water revenue bond passthrough.

自困難申請提交之日起，應暫停支付水收益債券轉嫁費用，直到租務委員會針對困難申請作出決定為止。

Payment of the water revenue bond passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

水收益債券轉嫁金額

Water Revenue Bond Passthrough Amount(s)

水收益債券轉嫁的生效日期

Date(s) the WRB Passthrough Takes Effect

☐ 本人尚未支付水收益債券轉嫁費用。或

I have not paid the water revenue bond passthrough. OR

☐ 本人已支付以下月份的水收益債券轉嫁費用：_____

I have paid the water revenue bond passthrough for the following months:



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↓一般義務債券 (GOB) 轉嫁信息↓（隨附 GOB 計算表和加租通知的副本。）

↓ General Obligation Bond (GOB) Passthrough Information ↓ (Attach a copy of the GOB Worksheet & rent increase notice.)

在收到加租通知前，請勿提交申請。GOB 轉嫁情況應列於加租通知隨附的債權提案轉付計算表中。您可以自一般義務債券轉嫁的生效日期起一年內提交困難申請。

Do not file before a rent increase notice is received. The GOB Passthrough should be listed in a Bond Measure Passthrough Worksheet that is attached to the rent increase notice. You may file a Hardship Application within one year of the effective date of the general obligation bond passthrough.

自困難申請提交之日起，應暫停支付這部分費用，直到租務委員會針對困難申請作出決定為止。

Payment on this portion shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

GOB 轉嫁費用

GOB Passthrough Amount

GOB 轉嫁生效日期

Date the GOB Passthrough Takes Effect

☐ 本人尚未支付一般義務債券轉嫁費用中，有資格獲得經濟困難減免的費用。或

I have not paid the general obligation passthrough OR

☐ 本人已完整支付以下月份的一般義務債券轉嫁費用：_____

I have paid the general obligation bond passthrough in its entirety for the following months:

↓公用事業轉嫁信息↓（隨附公用事業轉嫁加租通知的副本。）

↓ Utility Passthrough Information ↓ (Attach a copy of the utility passthrough rent increase notice.)

在收到加租通知或租務委員會決定前，請勿提交申請。您可以自公用事業轉嫁的生效日期起一年內提交困難申請。

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application within one year of the effective date of the utility passthrough.

自困難申請提交之日起，應暫停支付公用事業轉嫁費用，直到租務委員會就困難申請作出決定為止。

Payment of the utility passthrough shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

公用事業轉嫁金額

Utility Passthrough Amount

租務委員會案件編號

Rent Board Case Number

公用事業轉嫁生效日期

Date the Utility Passthrough Takes Effect

☐ 本人尚未支付公用事業轉嫁費用。或

I have not paid the utility passthrough. OR

☐ 本人已支付以下月份的公用事業轉嫁費用：_____

I have paid the utility passthrough for the following months:



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New

Amended

↓營運與維護 (O&M) 加租信息↓（隨附 O&M 加租通知的副本。）

↓Operating and Maintenance (O&M) Rent Increase Information↓ (Attach a copy of the O&M rent increase notice.)

在收到加租通知或租務委員會決定前，請勿提交申請。您可以自 O&M 加租的生效日期起一年內或自租務委員會作出決定之日起 15 日內（以較遲者為準）提交困難申請。

Do not file before a rent increase notice or Rent Board decision is received. You may file a Hardship Application within one year of the effective date of the O&M increase or within 15 days of the issuance of the Rent Board decision, whichever is later.

自困難申請提交之日起，應暫停支付 O&M 加租費用，直到租務委員會就困難申請作出決定為止。

Payment of the O&M rent increase shall be stayed from the date of filing the Hardship Application until a decision is made on the Hardship Application.

O&M 加租金額

O&M Rent Increase Amount

租務委員會案件編號

Rent Board Case Number

O&M 加租生效日期

Date the O&M Rent Increase Takes Effect

☐ 本人尚未支付 O&M 加租費用。或

I have not paid the O&M rent increase. OR

☐ 本人已支付以下月份的 O&M 加租費用：

I have paid the O&M rent increase for the following months:

↓翻譯員要求↓

↓Interpreter Request↓

您在聽證會上需要翻譯員嗎？如果需要，請列明語言。

Would you need an interpreter for a hearing? If yes, list your language.

所需語言

Language Needed



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↓租客資源↓

↓ Tenant Resources ↓

以下組織可協助您提交困難申請：

The following organizations can assist you in filing your Hardship Application:

三藩市住房權利委員會

(Housing Rights Committee of San Francisco)

總辦事處 (Main Office)

(粵語/普通話/西班牙語/英語/俄語)

11 Grove Street • 打電話預約時間

San Francisco, CA 94102

(415) 703-8644

華協中心

(Chinatown Community Development Center)

(粵語/普通話/英語)

615 Grant Avenue, 2nd Floor

San Francisco, CA 94108

(415) 984-2728

限電話諮詢 (Phone Counseling Only)

(粵語/普通話/英語/俄語)

(415) 947-9085

致電洽詢時間

Bill Sorro Housing Program (BiSHoP)

(阿拉伯語/英語/西班牙語/他加祿語)

1110 Howard Street

San Francisco, CA 94103

(415) 513-5177

租客聲明

DECLARATION OF TENANT(S)

凡提供上述公共援助信息之年滿 18 歲成人，均必須簽署本聲明並註明日期。

Each adult 18 or over for whom public assistance information was provided above must sign and date this Declaration.

根據加州刑法偽證罪罰則，就我所知所信範圍內，本人在此聲明本租客經濟困難申請中的每項陳述以及每份隨附文件均真實無誤。本人同時確認租務委員會應將本困難申請的副本交付房東。

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT EVERY STATEMENT IN THIS TENANT FINANCIAL HARDSHIP APPLICATION AND EVERY ATTACHED DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO ACKNOWLEDGE THAT THE RENT BOARD WILL SEND A COPY OF THIS HARDSHIP APPLICATION TO THE LANDLORD.

註：如需更多空間，請另附紙頁。

NOTE: Attach additional sheet if more space is needed.

(正楷姓名) / (Print Name)

(租客簽名) / (Signature of Tenant)

(日期) / (Date)

(正楷姓名) / (Print Name)

(租客簽名) / (Signature of Tenant)

(日期) / (Date)

(正楷姓名) / (Print Name)

(租客簽名) / (Signature of Tenant)

(日期) / (Date)



San Francisco Residential Rent Stabilization and Arbitration Board

租客經濟困難申請（公共援助）

TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

核對清單：

CHECKLIST:

✓ 已填妥租客困難申請（公共援助）。租客困難申請必須經單位中入住的所有成人（分租客除外）簽字。成人是指年滿 **18** 歲者。

Filled out Tenant Hardship Application (Public Assistance). This must be signed by all adults who live in the unit, except subtenants. An adult is age 18 or older.

✓ 針對轉嫁或營運與維護加租事宜，已提交加租通知副本或已收到租務委員會決定。請提供任何相關附件或文件。

Submitted copy of Rent Increase Notice or received Rent Board decision about passthrough or operating and maintenance rent increase. Please include any relevant attachments or documents.

✓ 已提交關於現有經濟狀況調查公共援助的證明，例如近期開具的資格聲明。

Submitted proof of current means-tested public assistance, such as a recent statement of eligibility.

✓ 上述各項文件已寄至 **25 Van Ness Avenue, #700, San Francisco, CA 94102** 或發送至：
rentboard@sfgov.org。

Submitted the above to 25 Van Ness Avenue, #700, San Francisco, CA 94102 or to rentboard@sfgov.org.

您提交申請後：

AFTER YOU FILE:

我們會將本困難申請的副本寄給房東。房東將在十五 (15) 天內要求舉行聽證會，對您訴求中的信息提出異議。

A copy of your Hardship Application will be sent to the landlord. The landlord will have fifteen (15) days to request a hearing to dispute the information provided in your claim.

如果房東未對您的訴求提出異議，租務委員會行政法官可不經聽證會即作出決定。

If the landlord does not dispute your claim, a decision may be issued by a Rent Board Administrative Law Judge without a hearing.

在收到上述決定之前，您無須支付加租部分，除非您的困難申請遭駁回。

You do not have to pay the rent increase(s) until you receive the decision, and then only if your Hardship Application is denied.

如需要針對您的困難申請舉行聽證會，您會收到通知。我們將在聽證會舉行前至少十 (10) 天，將關於聽證會舉行時間和日期的通知寄給您和房東。

If a hearing on your Hardship Application is required, you will receive a notice. The notice of the time and date of the hearing will be mailed to both you and the landlord at least ten (10) days before the hearing.

聽證會結束後，行政法官將作出書面決定核准或駁回困難申請。

After the hearing, the Administrative Law Judge will issue a written decision. The decision will grant or deny the Hardship Application.

各方可以自書面決定寄出之日起 **15** 天內，向租務委員會提出上訴。

Either party can appeal the written decision to the Rent Board Commission within 15 days of the date the decision is mailed.



San Francisco Residential Rent Stabilization and Arbitration Board

租客經濟困難申請（公共援助）

TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

如果您認為自己有資格獲得經濟狀況調查公共援助，但目前沒有領取到這項公共援助，您可以聯繫以下團體尋求幫助：

If you believe you qualify for means-tested public assistance, but currently do not receive them, you may contact the following groups for help:

1235 Mission Service Center

（負責提供 CalFresh、一般協助以及個人輔助就業服務）

1235 Mission Street

San Francisco, CA 94103

週一至週五：上午 8:00 - 下午 5:00

CalFresh (SNAP/糧食券)

(415) 558-4700 或 (855) 355-5757

CalWORKS

(415) 557-5100 或 (855) 577-5100

County Adult Assistance Programs (CAAP)

（負責提供 GA 和 PAES）

(415) 558-2227

Department of Disability and Aging Services (DAS)

2 Gough Street

San Francisco, CA 94103

(415) 355-3555 或 TTY 聽力及語言障礙專線 (415) 355-6700

Independent Living Resource Center

(415) 543-6222 分機 1100

Social Security Administration (SSI)

(800) 772-1213 或 TTY 聽力及語言障礙專線 (800) 325-0778

<https://www.ssa.gov/>