



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.

Information Regarding Tenant Financial Hardship Application (Public Assistance)

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

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. **To use this form, all adult members of your household must receive means-tested financial assistance. If this is not the case, you may qualify under income-based or exceptional circumstances (Form 524B) instead of this form.**

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.

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.)

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

- Social Security Supplemental Security Income (SSI)
- General Assistance (GA),
- Personal Assisted Employment Services (PAES),
- CalFresh (SNAP/Food Stamps)
- California Work Opportunity & Responsibility to Kids (CalWORKS).

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

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INSTRUCTIONS FOR COMPLETING THE TENANT FINANCIAL HARDSHIP APPLICATION

- (1) Give complete contact information for all parties. Include names, mailing addresses and telephone numbers.
- (2) Provide all requested information with supporting documentation. Include a copy of your most recent rent increase notice.
- (3) If you have not received either a rent increase notice or a Rent Board decision, we cannot process your Hardship Application.

Rent Board Date Stamp

TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

☐ New ☐ Amended

↓Tenant Information↓ If there is more than one adult in the household, include them in the Household Composition section on page 2.

My name is: _____
First Name Middle Initial Last Name

I live at: _____ San Francisco, CA _____
Street Number of the Unit Street Name Unit Number Zip Code

Mailing Address: Street Number Street Name Unit Number City State Zip Code

Primary Phone Number Email Address

↓Tenant Representative Information↓ ☐ Attorney ☐ Non-attorney Representative ☐ Interpreter ☐ None

First Name Middle Initial Last Name

Mailing Address: Street Number Street Name Unit Number City State Zip Code

Primary Phone Number Email Address

↓Landlord Information↓

First Name Middle Initial Last Name

Mailing Address: Street Number Street Name Unit Number City State Zip Code

Primary Phone Number Email Address

↓Landlord Representative Information↓ ☐ Attorney ☐ Non-attorney Representative ☐ Interpreter ☐ None

First Name Middle Initial Last Name

Mailing Address: Street Number Street Name Unit Number City State Zip Code

Primary Phone Number Email Address

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TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

☐ New ☐ Amended

↓Rent Information↓

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):

- ☐ Capital Improvement Passthrough (You may file at any time after the rent increase or decision is received.)
☐ Water Revenue Bond Passthrough (You may file within one year of the effective date.)
☐ General Obligation Bond Passthrough (You may file within one year of the effective date.)
☐ Utility Passthrough (You may file within one year of the effective date.)
☐ Operating and Maintenance (O&M) Rent Increase (You may file within one year of the effective date.)

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

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

Please provide your most recent rent increase notice (that shows the relevant passthrough or operating and maintenance rent increase) and all attachments. If there has been a rent board decision, then please check the relevant box below.

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.

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

- ☐ I have attached a copy of the rent increase notice.
☐ I have received a Rent Board decision. Case number(s)_____

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

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 of means-tested public assistance.

	First and Last Name (please print)	Adult Tenant	Child Under 18	Subtenant	Public Assistance	Primary Phone Number
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Attach additional sheet if more space is needed.

- ☐ 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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TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

☐ New ☐ Amended

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

You may file a Hardship Application at any time after the rent increase notice or Rent Board decision is received.

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.

Capital Improvement Passthrough Amount(s)

Rent Board Case Number(s)

Date(s) the CI Passthrough Takes Effect

☐ I have not paid the capital improvement passthrough. **OR**

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

↓Water Revenue Bond (WRB) Passthrough Information↓

(Attach a copy of the WRB Worksheet & rent increase notice.)

You may file a Hardship Application (1) after a rent increase notice (containing the Water Revenue Bond Passthrough) is received, and (2) **within one year of the effective date of the water revenue bond passthrough**. The Water Revenue Bond Passthrough should be listed in a worksheet that is attached to the rent increase notice.

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.

Water Revenue Bond Passthrough Amount(s)

Date(s) the WRB Passthrough Takes Effect

☐ I have not paid the water revenue bond passthrough. **OR**

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

↓General Obligation Bond (GOB) Passthrough Information↓

(Attach a copy of the GOB Worksheet & rent increase notice.)

You may file a Hardship Application (1) after a rent increase notice (containing the General Bond Passthrough) is received, and (2) **within one year of the effective date of the general obligation bond passthrough**. The GOB Passthrough should be listed in a Bond Measure Passthrough Worksheet that is attached to the rent increase notice.

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

Eligible GOB Passthrough Amount

Date the GOB Passthrough Takes Effect

☐ I have not paid that portion of the general obligation bond passthrough that is eligible for financial hardship relief. **OR**

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

524A Tenant Financial Hardship Application – Public Assistance (Eng) 6/25

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TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

☐ New ☐ Amended

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

You may file a Hardship Application (1) after a rent increase notice (containing the utility passthrough) is received, and (2) **within one year of the effective date of the utility passthrough**.

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.

Utility Passthrough Amount

Rent Board Case Number

Date the Utility Passthrough Takes Effect

☐ I have not paid the utility passthrough. **OR**

☐ I have paid the utility passthrough for the following months: _____

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

You may file a Hardship Application (1) after a rent increase notice (containing the Operating and Maintenance rent increase) is received, and (2) **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**.

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 Rent Increase Amount

Rent Board Case Number

Date the O&M Rent Increase Takes Effect

↓Interpreter Request↓

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

Language Needed

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TENANT FINANCIAL HARDSHIP APPLICATION (PUBLIC ASSISTANCE)

☐ New ☐ Amended

↓Tenant Resources ↓

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

Housing Rights Committee of SF

Main Office

(Cantonese/Mandarin/Spanish/English/Russian)

11 Grove Street

San Francisco, CA 94102

(415) 703-8644 • Call for Appointment

Call for hours

Chinatown Community Development Center

(Cantonese/Mandarin/English)

615 Grant Avenue, 2nd Floor

San Francisco, CA 94111

(415) 984-2728

Phone Counseling Only

(Cantonese/Mandarin/English/Russian)

(415) 947-9085

Call for hours

Bill Sorro Housing Program (BiSHoP)

(Arabic/ English/ Spanish/ Tagalog)

1110 Howard Street

San Francisco, CA 94103

(415) 513-5177 • Call for Appointment

DECLARATION OF TENANT(S)

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

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.

NOTE: Attach additional sheet if more space is needed.

(Print Name)

(Signature of Tenant)

(Date)

(Print Name)

(Signature of Tenant)

(Date)

(Print Name)

(Signature of Tenant)

(Date)

**TENANT FINANCIAL HARDSHIP APPLICATION
(PUBLIC ASSISTANCE)**

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

(For CalFresh, General Assistance, and Personal Assisted Employment Services)

1235 Mission Street

San Francisco, CA 94103

Monday – Friday: 8:00 AM – 5:00 PM

CalFresh (SNAP/Food Stamps)

(415) 558-4700 or (855) 355-5757

CalWORKS

(415) 557-5100 or (855) 577-5100

County Adult Assistance Programs (CAAP)

(For GA and PAES)

(415) 558-2227

Department of Disability and Aging Services (DAS)

2 Gough Street

San Francisco, CA 94103

(415) 355-3555 or TTY (415) 355-6700

Independent Living Resource Center

(415) 543-6222 ext. 1100

Social Security Administration (SSI)

(800) 772-1213 or TTY (800) 325-0778

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

CHECKLIST:

- ☐ **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.**
- ☐ **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.**
- ☐ **Submitted proof of current means-tested public assistance, such as a recent statement of eligibility.**
- ☐ **Submitted the above to 25 Van Ness Avenue, #700, San Francisco, CA 94102 or to rentboard@sfgov.org.**

AFTER YOU FILE:

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.

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

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

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.

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

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