

RENTAL RIGHTS AND REFERRALS PROGRAM (RRRP)

MEDIATION & ARBITRATION PETITION

I. TENANT INFORMATION

Renter's Name: _____

Renter's Address: _____

City, State & Zip Code: _____

Mailing Address (if different): _____

Do you prefer to receive hearing information, etc. by e-mail? Yes No

If so, please list e-mail address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Rental Complex Name: _____ Move-In Date: _____

II. OWNER INFORMATION

Manager's Name: _____

Manager's Address: _____

City, State & Zip Code: _____

Office Phone: _____

Owner's Name: _____

Owner's Address: _____

City, State & Zip Code: _____

Owner's Daytime Phone: _____

III. RENT INCREASE HISTORY

Date Notice of Rent Increase Received _____

The petition deadline is the day before the effective date of the rent increase. However, you always have at least 10 days after the rent increase notice to file a petition.

New Rent Amount (in notice): \$ _____ Effective Date _____

Current Rent Amount: \$ _____ Effective Date _____

Previous Rent Amount: \$ _____ Effective Date _____

The information provided in this petition will be used by RRRP staff to contact the owner/manager and the petitioner. If the petitioner moves from the above residence after filling this petition, the petitioner is required to notify the RRRP of their new address and phone number, if any.

If you have problems concerning a Notice to Vacate, the condition of the apartment, common facilities, or a reduction in services, please complete the second side of this Petition.

Signature

Date

SERVICES & APARTMENT CONDITION

List the problems/complaints that you have with your particular apartment unit and/or the complex in general. **Please list each problem separately**

IV. PROBLEMS WITH THE APARTMENT OR COMMON FACILITIES

1. Problem: _____
Date the problem started: _____ Is the problem still existing: Yes No
Time period that the problem has existed: _____
Did you tell management about the problem: Yes No
Who did you tell: _____ When did you tell management: _____ Written: Yes No
Did management fix the problem: Yes No
How has problem affected you: _____

2. Problem: _____
Date the problem started: _____ Is the problem still existing: Yes No
Time period that the problem has existed: _____
Did you tell management about the problem: Yes No
Who did you tell: _____ When did you tell management: _____ Written: Yes No
Did management do anything to fix the problem Yes No
How this problem affected you: _____

3. Problem: _____
Date the problem started: _____ Is the problem still existing: Yes No
Time period that the problem has existed: _____
Did you tell management about the problem: Yes No
Who did you tell: _____ When did you tell management: _____ Written: Yes No
Did management do anything to fix the problem: Yes No
How this problem affected you: _____

Please include all other supporting documents such as photographs, code enforcement reports, past correspondence, and receipts.

V. RECEIPT OF A "NO-CAUSE" NOTICE (Please attach a copy of the notice)

Length of Tenancy: Less than 1 year 1 Year or longer
Covered by Rent Control: Yes No Don't Know
Type of "No Cause" Notice Received: 30-day 60-day 90-day 120-day
Date "No Cause" Notice Served by the Landlord/Manager _____
Date "No Cause" Notice Received by the Tenant _____
Please describe the situation related to the termination of tenancy: _____

Office Use Only					
<input type="checkbox"/> Eligible	<input type="checkbox"/> _____ %	<input type="checkbox"/> Service	<input type="checkbox"/> Rights	No Cause Notice Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ineligible	<input type="checkbox"/> 2 nd	<input type="checkbox"/> Housing Code		Filing Statement Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Date: _____	Initials: _____			Date Received by the RRRP	_____