



## PETITION FOR THE DETERMINATION OF OCCUPANCY STATUS

*NOTA: SI USTED NO ENTIENDE ESTA PETICIÓN, NO TARDE EN COMUNICARSE CON EL PROGRAMA DE RENTA AL NÚMERO (510) 234-RENT [7368] PARA PEDIR UNA CITA Y RECIBIR UNA EXPLICACIÓN O TRADUCCIÓN.*

### **GENERAL INFORMATION**

The landlord of any rental unit may seek a determination, by filing a petition, to establish that the rental unit is not being rented by a tenant who occupies the unit as their primary residence. A person's **primary residence**, or main **residence**, is the dwelling where they usually live, typically a house or an apartment. A person can only have one **primary residence** at any given time, though they may share the **residence** with other people.

Where the Landlord has met the threshold of evidence demonstrating that the Tenant does not occupy the Rental Unit as a Primary Residence, the burden of proof shall shift to the Tenant, and the Tenant must demonstrate by a preponderance of the evidence that the Rental Unit has been used as a Primary Residence.

**FILING THE PETITION** To obtain a determination regarding the Tenant's occupancy status, the Landlord must mail or bring the following items to the Richmond Rent Program:

1. A completed petition signed by the Landlord or a current Tenant;
2. A copy of any supporting documentation; and
3. A proof of service stating that the opposing party (the Tenant) was served a copy of the petition and any supporting documentation either by first-class mail or in person. Failure to serve a copy of the petition on the opposing party may delay resolution of the petition.

**AFTER THE PETITION IS FILED** Upon receipt of the petition, the Richmond Rent Program will mail a Notice of the Right to Object with instructions to the opposing party. A hearing will be scheduled no later than 10 days from the date the petitions and objections are deemed complete. The parties will be given at least 10 days' notice of the hearing. A written decision will be mailed to each party within a reasonable time after the close of the record. Any party to the petition may file a timely appeal to the Richmond Rent Board. See Richmond Rent Board Regulations concerning procedures on Appeal and Judicial Review after a Rent Board decision.

If at any time it is determined that the rental property is not properly registered, the tenancy is not enrolled, and/or the Rental Housing Fee (and any applicable late fees) has/have not been paid, the Hearing Examiner may either dismiss the Landlord's petition or issue a determination based on the documents presented prior to the hearing.

**PETITION FOR THE DETERMINATION OF OCCUPANCY STATUS**

1. **Property Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Richmond, CA Zip Code: \_\_\_\_\_

**Interpretation will be needed in the following language** (Spanish or Other \_\_\_\_\_).

Before submitting this petition, please contact the Richmond Rent Program to determine if your rental unit is covered by the Rent Ordinance. The Rent Program can be contacted at (510) 234 RENT [7368] during business hours between 9:00 a.m. – 12:00 p.m. and 1:00 p.m. – 4:00 p.m.

2. **Tenant Information (if known):**

Name (Print)	Daytime Phone & E-mail Address (optional)	Move-in Date	Amount or Portion Paid Toward Rent	Date Rent Last Paid/ Accepted
			\$	
			\$	

Attach additional pages, as necessary.

Tenant Name & Mailing Address: (If different from the property address & unit):

\_\_\_\_\_

Tenant Name & Mailing Address: (If different from the property address & unit):

\_\_\_\_\_

3. **Landlord:** Contact information for the property owner(s)/property manager(s) and any other representatives, if different.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

<p>Staff Use Only: Petition No. RC _____</p>
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Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**4. Representative:** Person or organization authorized to represent you, if any:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**5. Grounds:** State why you believe the last Original Occupant Tenant no longer maintains the Rental Unit as their Primary Residence:

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**6. Additional Facts:** Please state below any additional facts related to the occupants of the rental unit (original or otherwise). Attach a separate sheet, if needed:

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7. **Certification:** I declare under penalty of perjury of the laws of the State of California that the information in this petition and any attachments hereto is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**NOTE: All signatures must be original and all petitioning Landlords must sign the Certification.**

**NOTE: All mailing addresses and any subsequent changes of address will be a part of the official record of the case and a matter of public record.**

**PROOF OF SERVICE**

I AM A RESIDENT OF \_\_\_\_\_ COUNTY AND WAS, AT THE TIME OF SERVICE, OVER AGE EIGHTEEN. ON \_\_\_\_\_ (DATE), I SERVED ONE COPY OF THE \_\_\_\_\_

BY: (CHECK APPROPRIATE BOX):

**DELIVERING** \_\_\_\_\_ **IN PERSON TO THE FOLLOWING INDIVIDUAL:**  
[PRINT NAME OF TENANT(S) OR LANDLORD AND/OR TENANT'S OR LANDLORD'S REPRESENTATIVE:] \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLACING** \_\_\_\_\_ **ENCLOSED IN A SEALED ENVELOPE WITH FIRST-CLASS POSTAGE FULLY PAID, INTO A U.S. POSTAL SERVICE MAILBOX, ADDRESSED AS FOLLOWS:** [PRINT NAME OF TENANT(S) OR LANDLORD AND/OR TENANT'S OR LANDLORD'S REPRESENTATIVE:] \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

**\* Please note: All documents delivered or sent to parties, must be filed with or sent to the Rent Program within 2 days.**

# RICHMOND HOUSING RIGHTS CLINIC

Free legal assistance for Richmond residents  
(landlords & tenants)



Have you received an eviction or rent increase notice?  
Do you need legal assistance in an eviction case?  
Do you need help completing a Rent Adjustment Petition?

**Mondays 9 AM - 12 PM**

Catholic Charities Richmond Service Center  
217 Harbour Way, Richmond, CA 94804

Space is Extremely Limited

**RSVP to Bay Area Legal Aid: (510) 233-9954**

*We cannot guarantee everyone assistance - priority given to urgent  
deadlines as determined by HRC staff*



**BAY AREA LEGAL AID**  
WORKING TOGETHER FOR JUSTICE



**Catholic  
Charities**  
*of the East Bay*

# CLÍNICA SOBRE DERECHOS DE VIVIENDA EN RICHMOND

Ayuda legal gratuita para los residentes de Richmond  
(propietarios e inquilinos)



¿Ha recibido un aviso de desalojo o aumento de renta?

¿Necesita ayuda legal en un caso de desalojo?

¿Necesita ayuda para completar una petición para un ajuste de renta?

**Los lunes de 9 AM - 12 PM**

Catholic Charities Richmond Service Center

217 Harbour Way, Richmond, CA 94804

Espacio limitado

**Confirme su asistencia con Bay Area Legal Aid:**

**(510) 233-9954**

*No podemos garantizar asistencia a todos - se da prioridad a plazos urgentes según se determine por el personal de la clínica*



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*of the East Bay*