



CITY OF OAKLAND

**CITY OF OAKLAND  
RENT ADJUSTMENT PROGRAM**

250 Frank H. Ogawa Plaza, Suite 5313  
Oakland, CA. 94612  
(510) 238-3721

For date stamp.

**PETITION FOR ADMINISTRATIVE  
DETERMINATION OF TRANSITIONAL RENT  
INCREASE FOR OWNER-OCCUPIED  
DUPLEXES/TRIPLEXES**

**Please Fill Out This Form Completely.** Failure to provide needed information may result in your petition being rejected or delayed. Attach copies of the documents that support your petition. The deadline for filing this petition is **June 30, 2020.**

**Section I. Basic Information**

Your Name	Complete Address (with zip code)	Daytime Telephone:
		E-mail:
Your Representative's Name (if any)	Complete Address (with zip code)	Daytime Telephone:
		E-mail:
Property Address (If the property has more than one address, list all addresses)		

Have you paid for your Oakland Business License? Yes \_\_\_\_\_ No \_\_\_\_\_ Business License #: \_\_\_\_\_

The property owner must have a current Oakland Business License. If it is not current, an Owner Petition or Response may not be considered in a Rent Adjustment proceeding. (Provide proof of payment.)

Have you paid the Rent Adjustment Program (RAP) Service Fee? Yes \_\_\_\_\_ No \_\_\_\_\_

The property owner must be current on payment of the RAP Service Fee. If the fee is not current, an Owner Petition or Response may not be considered in a Rent Adjustment proceeding. (Provide proof of payment.)

Have you served the City of Oakland's form entitled "NOTICE TO TENANTS OF RESIDENTIAL RENT ADJUSTMENT PROGRAM" ("RAP Notice") in English, Chinese, and Spanish to all of the tenants (must serve RAP Notice by August 5, 2019)? Yes \_\_\_\_\_ No \_\_\_\_\_

Date on which you acquired the building: \_\_\_\_\_

Type of units (circle one):      Duplex                      Triplex

**Section II. Tenant Information and Rent History**

**Tenant 1:**

Tenant name(s):\_\_\_\_\_.

Address:\_\_\_\_\_.

The tenant moved into the rental unit on\_\_\_\_\_.

The tenant's rent as of 11/6/18 is (initial base rent): \$\_\_\_\_\_/ month.

List all rent increases issued after 11/7/15. Begin with the most recent rent and work backwards. If you need more space please attach another sheet.

Date Notice Given (mo./day/year)	Date Increase Effective	Rent Increased	
		From	To
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Tenant 2**

Tenant name(s):\_\_\_\_\_.

Address:\_\_\_\_\_.

The tenant moved into the rental unit on\_\_\_\_\_.

The tenant's rent as of 11/6/18 is (initial base rent): \$\_\_\_\_\_/ month.

List all rent increases issued after 11/7/15. Begin with the most recent rent and work backwards. If you need more space please attach another sheet.

Date Notice Given (mo./day/year)	Date Increase Effective	Rent Increased	
		From	To
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Section III. Transitional Rent Increase**

Owner-occupied duplexes/triplexes are now covered by the Rent Adjustment Ordinance (Oakland Municipal Code Chapter 8.22.020) effective June 4, 2019, pursuant to Ordinance No. 13542 C.M.S. The owners of these newly-covered units may petition for a transitional rent increase in excess of the annual allowable increase if the owner did not increase rents or increased rents less than the CPI rent adjustment limits between 11/7/15 and 11/6/18. The petition must be filed before June 30, 2020, and the owner may not serve a rent increase until the Rent Program issues a decision on the petition. The transitional rent increase will be calculated as follows:

When did the tenancy commence with the current owner?	If no rent increase between commencement of tenancy and November 6, 2018, owner may petition for increase of:	If rent increase was less than the percentages in prior column, owner may petition for increase of:
After 11/6/17	3.4 percent	3.4 percent minus actual increase between 11/7/17 and 11/6/18
Between 11/7/16 and 11/6/17	5.7 percent	5.7 percent minus actual increase
Before 11/7/16	7.7 percent	7.7 percent minus actual increase

**Qualification for Transitional Rent Increase**

To qualify for a transitional increase, the unit must be as a newly covered unit, i.e. previously exempt under the Rent Adjustment Ordinance and is now covered under the Ordinance.

The unit qualifies as a newly covered unit because I occupied one of the units of the property starting on \_\_\_\_\_, and the unit became exempt on \_\_\_\_\_.

I am petitioning for a transitional increase of \_\_\_\_\_ percent for Tenant 1 and \_\_\_\_\_ percent for Tenant 2.

**Verification (Each petitioner must sign this section):**

**I declare under penalty of perjury pursuant to the laws of the State of California that everything I said in this petition and attached pages is true and that all of the documents attached to the petition are originals or are true and correct copies of the originals.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date