

# RENTAL RIGHTS AND REFERRALS PROGRAM (RRRP)

## MEDIATION & ARBITRATION PETITION

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### I. TENANT INFORMATION

Renter's Name: \_\_\_\_\_

Renter's Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

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 \_\_\_\_\_

*Attach a copy of the notice. Tenants have 10 days (with some exceptions) 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.***

I petition for a hearing:

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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 Notice Received:  30-day  60-day  90-day  120-day  
Date Notice Received \_\_\_\_\_

**Please describe the situation related to the termination of tenancy.**

\_\_\_\_\_

<b>Office Use Only</b>				
<input type="checkbox"/> _____ %	<input type="checkbox"/> Service	<input type="checkbox"/> 2nd	<input type="checkbox"/> Rights	<input type="checkbox"/> NO CAUSE NOTICE
<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible		Date: _____	Initials: _____