



City of Concord
RENT REVIEW CONCILIATION REQUEST FORM
 ECHO Housing • 770 A Street • Hayward, California 94541
 Attention: **Rent Review Administrator**
 Phone Toll Free 855-275-3246 • Fax: 510-537-4793

The owner/property manager will receive a copy of this Conciliation Request Form.

1. Tenant Name(s): _____ Concord RR Case #: _____

2. Address: _____ City: _____ Zip: _____

3. Phone: _____ Email: _____

4. Unit Type: Apartment Complex Triplex (3 renter-occupied units) Other _____

5. Unit/Household Size: # bedrooms ____ # bathrooms ____ # of occupants: Adults ____ Children ____ Pets ____

6. Move in Date: _____ How long at above address: _____

7. Landlord Name: _____ Owner Property Manager

8. Phone: _____ Fax: _____ Email: _____

9. Landlord Address: _____ City: _____ Zip _____

10. Current Rent: _____ Amount of Rent Increase: _____ Rent Increase %: _____ Proposed New Rent: _____

11. If you have received 2 or more rent increases within the last 12 months totaling more than 10%, please explain*:

 *Owner/property manager will be requested to provide your rental history, including rent increases.

12. Check utilities included in rent: Gas Electricity Water Hot Water Garbage Other _____

13. Effective date of proposed new rent*: _____
 *CA Civil Code 827(b) requires a 30 days' written notice for rent increase of 10% (or less) or a 60 days' written notice for rent increase greater than 10%.

14. Date Notice of Rent Increase received: _____ (Attach copy of Landlord's Notice of Increase and all attachments as you received it.)

15. How did you receive your Notice of Rent Increase? * Hand delivered Posted on Door By Mail
 *CA Civil Code Sections 827(b)(1)(B),(2),(3); Code of Civil Procedure Section 1013 require rent increase notices be personally delivered or posted AND mailed.

16. Was the City's Rent Review "Required Notice" provided with your Notice of Rent Increase? Yes No

17. Are there other items regarding your rental unit/building that you would like to discuss? Attach additional pages if necessary.

18. Desired outcome of the hearing. _____

Tenant's Signature _____ Date: _____

This Hearing Request Form must be received by the City/ECHO Housing within 15 calendar days of your receipt of your Notice of Rent Increase.