## NEIGHBORHOOD SERVICES City of Albany

## **Landlord Response Form**

## **Rent Review Ordinance**

## **Echo Housing - Program Administrator**

Phone: 1 (855) 275-3246 | Fax: 510-537-4793 Email: albanyrentreview@echofairhousing.org Mail: 770 A Street #201, Hayward, CA 94541 www.albanyca.org/rentreview

ECHO Housing must receive this Response Form within **15** calendar days of receipt of the Rent Review Request or your rent increase shall be void pursuant to the City's Rent Review Ordinance

RR Case#		Date Rent Review Request Filed:
Tenant's Name:		
Tenant's Address:		
		I
	Owner's Name:	Property Manager (if applicable:
	Address:	Address:
	Phone:	Phone:
	Email:	Email:
	Business License #	Business License #
2. 3.	<ol> <li>Unit Type: Apartment [] Duplex/Triplex/Fourplex [] Single-Family/Condo [] Other:</li></ol>	
PROPOSED RENT INCREASE		
Current Rent: Amount of Rent Increase: Rent Increase %: Proposed New Rent:		
5.	Effective date of proposed new rent*:*California Civil Code Sections 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%	
6.	Date Notice of Rent Increase was sent of this unit:	
7.	. How did you send the Notice of Rent Increase for this unit* Hand Delivered [] By Mail [] By Email [] *California Civil Code Sections 827(b) (1) (B), (2), (3); Code of Civil Procedure Section 1013 require rent increase notices be personally delivered AND mailed	
8.	Did you provide the "Notice of Availability of Rent Review" form with your Notice of Rent Increase? Yes[_] No[_]	
9.	If the proposed rent increase is part of a lease renewal, did you provide the "Notice of Tenants Rights" with your Notice of Rent Increase? Yes [] No [] N/A []	

Dates Amount From:\_\_\_\_\_\_ To: present 10. Current Rent: From:\_\_\_\_\_\_ To:\_\_\_\_\_ \$\_\_\_\_\_ 11. Previous Rent: From:\_\_\_\_\_ To:\_\_\_\_\_ \$\_\_\_\_\_ 12. Previous Rent: 13. Check Utilities included in rent: Gas [\_\_] Electricity [\_\_] Water [\_\_] Hot Water [\_\_] Garbage [\_\_] Other [\_\_] 14. Has the building changed ownership in the past year? Yes [ ] No [ ] 15. Were rents increased on all units? Yes [ ] No [ ] (If yes, please summarize below) 16. How was the new rent calculated? 17. Desired outcome of Rent Review Process. \_\_\_\_\_\_\_ 18. Are there other items regarding this rental unit/complex that you would like to discuss? (Please attach additional pages if necessary) \_\_\_\_\_\_ Owner / Authorized Representative Print Name Signature The City of Albany Rent Review Ordinance requires that landlords participate in the rent review process. Failure to participate in the rent review process, absent a finding of good cause, may void the rent increase pursuant to the provisions of the Ordinance. Landlords are required to participate in the following manner. Rent Review Request Acknowledgment - Landlords must submit the Response Form to ECHO Housing within 15 calendar days of receipt of the Rent Review Request. Conciliation - The conciliation process starts after the landlord acknowledges the Rent Review Request and shall last up to 10 business days. Landlords must participate in conciliation and shall provide relevant information, exchange proposals, reasonably consider proposals by the tenant, and engage in discussion(s) regarding the rent increase and issue related to the rent increase during the 10 business day conciliation process. Mediation - If mediation is requested by the tenant, landlords must attend the in-person mediation meeting. If the landlord is sending a representative on their behalf, the representative must have full authority to answer for the landlord and enter into binding agreements on the landlord's behalf. Sending a representative without this authority is considered non-participation. For Internal Use Only | Received By: Date:

(Attach copy of tenant's rental history / rent ledger)

**Rental History -**