

NOTE: If your building was constructed after June 13, 1979, the rental unit is not subject to just cause eviction unless 37.9D (foreclosure eviction) applies.

Rent Board Date Stamp

REPORT OF ALLEGED WRONGFUL EVICTION

♣ Rental Unit Information ♣					
Street Number of Unit	Street Name	Unit	San I Number	Francisco, CA 941_	Zip Code
Name of Building Complex (If Appl	icable) Entire B	Building Address (lowe	est & highest numbe	ers) # of Units	in Building
Was the building constructed before June 13, 1979? OYes ONo ODon't Know Foreclosure on property? OYes ONo					
Move-in Date: At move	- in, this was○a va	cant unit Opart of ex	xisting tenancy	Section 8 voucher?	Yes \(\)No
The rent is paid to (select one):	Owner OProperty	Manager OMaster	Tenant OOther		
This household includes children u	nder 18. OYes ON	No The number of s	chool aged children	ı (grades K-12) is:	
Please list the case numbers of prior r	elevant Rent Board	petitions:			
▼Tenant Information ▼ Please p			nt who wishes to be	included in this repo	ort.
Attach a	dditional sheet if ned	cessary.			
First Name		Middle Initial		Last Name	
Mailing Address: Street Number	Street Name (be specific, e.g. 1,	Unit Number 2, A, B, upper/lower/rea	City ar/front)	State	Zip Code
Primary Phone Number	0	ther Phone Number			
If you share the same residential address as the owner or master tenant, please provide a second address where you can be reached.					
2 nd Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
▼ Tenant Representative Information ▼ ○ Attorney ○ Non-attorney Representative ○ Interpreter					
First Name		Middle Initial		Last Name	
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number	Ot	her Phone Number			

REPORT OF ALLEGED WRONGFUL EVICTION

Please provide the following information for all parties who should receive notice of this report.

♦ Owner Information ♦					
First Name		N #1 - -		Last Name	
First Name		Middle Initial		Last Name	
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number		Other Phone Numb	oer		
■ Master Tenant Information (if	applicable) ■				
First Name		Middle Initial		Last Name	
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
Maining Address. Street Number	Street Name	Offic Number	City	State	Zip Code
Primary Phone Number		Other Phone Numb	er		
♣ Property Manager Information	n (if applicable)	₩.			
. , ,					
Name of Company	First Name of	Manager	Middle Initial	Last Name	
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
Primary Phone Number		Other Phone Numb	per		
♣ Other Landlord Representative	e Information	(if applicable) ◆ (Attorney ON	on-attorney Repre	sentative
First Name		Middle Initial		Last Name	
Mailing Address: Street Number	Street Name	Unit Number	City	State	Zip Code
maming radiood. Oncot Nambol	Chicot Hame	Olin Namber	Oity	State	2.p 0000
- <u>-</u> .					
Primary Phone Number		Other Phone Numb	er		

WARNING TO TENANTS: The filing of this report will not prevent the landlord from filing an unlawful detainer (eviction) lawsuit against you in court. IF YOU RECEIVE COURT PAPERS, YOU SHOULD SEEK LEGAL ASSISTANCE IMMEDIATELY.

REPORT OF ALLEGED WRONGFUL EVICTION

I am filing this petition for the following reason(s):					
1. I received a written Notice to Quit or Vacate my rental unit (an eviction notice)					
on from (Date of Receipt of Notice) (First Name) (Last Name)					
The eviction notice requires me to vacate my rental unit by: (Date)					
Yes, I have included a copy of the Notice to Quit or Vacate with this report.					
2. On, the landlord orally told me to vacate my rental unit and/or (Date(s) of Receipt of Notice)					
through conduct has tried to make me move out by:					
Yes, I have included a true statement fully describing the basis for my claim on page 4.					
Please complete the following:					
My rent is due on the following date: My current rent is \$					
I offered to pay rent. O Yes O No If Yes, state amount \$ and date of offer:					
Did the landlord accept the rent? O Yes O No If No, please explain briefly:					
I have vacated my rental unit. O Yes O No If Yes, state date of move-out:					
An Unlawful Detainer (eviction) action has been filed in Superior Court: Yes No					
If Yes, I understand that the Rent Board will not carry out an investigation on eviction cases filed in					
Superior Court. I am responsible for filing my own response in Superior Court within 5 day of receiving the unlawful detainer summons and complaint.					
Do you live in the same unit with the owner? OYes ONo					
If <u>Yes</u> , use the space provided on page 4 to describe the unit and state whether there are other occupants in the unit.					
Do you live in the same unit with a master tenant? OYes ONo					
If <u>Yes</u> , did the master tenant give you written notice prior to commencement of your tenancy, that your tenancy is not subject to the "just cause" eviction provisions of the Rent Ordinance? Yes No (Please attach a copy of the notice.)					

REPORT OF ALLEGED WRONGFUL EVICTION

I believe this eviction is wrongful because:						
	ust cause" reason stated in [Landlord has refused to accept rent payment.				
	o advice clause given on viction notice.	Landlord has attempted to recover possession of my unit through harassment.				
	ne landlord paid me incorrect [location amounts.	Other:				
(Use additional sheets if necessary to provide a complete description of your claim of wrongful eviction.)						
DECLARATION OF TENANT(S)						
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THIS INFORMATION AND EVERY ATTACHED DOCUMENT, STATEMENT AND FORM IS TRUE AND CORRECT.						
NOTE: Every tenant of the rental unit who wishes to be included in this report must sign this declaration. Any tenant						
who lives in a different rental unit must file a separate report.						
(Print Name)	(Signature of Tena	nt) (Date)				
(Print Name)	(Signature of Tenar	nt) (Date)				
(Print Name)	(Signature of Tena	nt) (Date)				

519 Report of Alleged Wrongful Eviction 9/17/14