

## **CITY OF BELL GARDENS Tenant Petition to Contest Increase Form**

Tenant Name:		
Tenant Email:		
Tenant Phone No.:		
Tenant Property Address:		
Property Owner(s) Name:		
Property Owner(s) Email:		
Property Owner(s) Phone:		
Does Owner live on the property?	Yes N	No
	If yes, percentage	e of ownership:
Move in Date:	Term of rental (please cire	cle): Lease   Monthly
	If lease, how long:	
What was your current rent:	What is the proposed r	new rent:
When did you receive written notice of		DD YYYY
Please check any that you believe ma	ay apply:	
Unlawful Rent and/or Fees or	_	e in Housing Services
Failure to Maintain Habitable		
Please explain the reason(s) you are documentation to substantiate your sonotices or rent checks, etc.):		he rent increase (attach supportive ental agreement, copies of rent increase
I declare under penalty of perjury und this petition and any attachments are		alifornia that the information provided of my knowledge and belief.
Applicant Name	Signature	 Date

OFFICE USE ONLY: Date Received:	Petition No:	Reviewed by:	
otes:		Date:	
inal Determination:			
pproved D	enied		
ity Planner Signature			