

# RENTAL RIGHTS AND REFERRALS PROGRAM

## NON-RENT CONTROL MEDIATION

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### I. TENANT INFORMATION

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Rental Complex Name: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

### II. HOUSEHOLD INFORMATION

Please assist us in complying with federal reporting requirements by providing the following demographic information. The data requested is for statistical use only, your name will remain confidential. *Thank you for your participation.*

1. Are you:  Female       Female Head of Household       Male
  
2. How many people live in your household? \_\_\_\_\_
  
3. What is your household's gross annual income? \_\_\_\_\_
  
4. What is your ethnicity? (*check one or more*):
  - American Indian/Alaskan Native
  - Asian
  - African American/Black
  - Native Hawaiian/Other Pacific Islander
  - White
  - Other.Are you also Hispanic?  Yes  No.

*Please continue on the reverse.*

*Building Relationships in Rental Communities*

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### III. PROPERTY OWNER/MANAGER INFORMATION

Manager's Name: \_\_\_\_\_

Manager's Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

I Petition for a Hearing:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Notice Received \_\_\_\_\_

*Please attach a copy of the Notice*

*Building Relationships in Rental Communities*

OFFICE USE ONLY _____ %	<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 _____	