



City of Alameda Rent Program  
950 W. Mall Square, Room 172  
Alameda, CA 94501

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**• FORM RP-200 - COVER FORM •  
Landlord Rent Review**

*Contact us if you require translation services or reasonable accommodations due to a disability.*

**OVERVIEW**

A landlord of a unit subject to rent control under the Rent Ordinance may use this form to file a petition.

**FOR YOUR INFORMATION**

This form becomes a public record when submitted and is subject to disclosure under the California Public Records Act and the City of Alameda's Sunshine Ordinance.

Please answer the following questions

1. Rental property address: \_\_\_\_\_

2. I am filing this petition for the following units (Select

one): All rental units on the property.

These specific units (add more rows if needed):

Unit # \_\_\_\_\_ Unit # \_\_\_\_\_ Unit # \_\_\_\_\_ Unit # \_\_\_\_\_ Unit # \_\_\_\_\_ Unit # \_\_\_\_\_

3. Is your Alameda Business License current?  No  Yes  Not applicable

4. Have you paid all Rent Program Annual Fees?  No  Yes

5. Would you like to request interpretation services?  No  Yes, \_\_\_\_\_  
*Language*

**Contact Information**

6. Owner contact information:

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Owner representative contact information:

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Petition Grounds**

8. Please check the reason(s) you are filing this request and include the corresponding attachment form along with supportive documentation as instructed on Attachment A.

**FAIR RETURN PETITION**

Please complete and submit Attachment A to request a hearing for an upward adjustment of rent above the Annual General Adjustment (AGA) pursuant to the Rent Ordinance and implementing regulations.

**MAXIMUM ALLOWABLE RENT PETITION**

A. Please explain the reason(s) you are contesting the determination of the Maximum Allowable Rent. Attach supportive documentation to substantiate your statements, such as a copy of the rental agreement, copies of rent increase notices or rent checks.

\_\_\_\_\_  
\_\_\_\_\_

B. When did you receive the written notice of the Maximum Allowable Rent from the Rent Program?

\_\_\_\_\_ *mm/dd/yyyy*

**Declaration**

I declare that each rental unit included in this petition has been properly enrolled and registered with the City of Alameda, I am in compliance with the City of Alameda's rent ordinances and regulations, I have paid all rent program fees and business license tax for this rental unit, and the unit complies with applicable state and city health, safety, building, and housing codes.

I declare under penalty of perjury under the laws of the State of California that the information provided on this petition and any attachments are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Print Owner Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date