



**Landlord Attachment D
Restoration of Denied Annual General Adjustments (AGAs)**

State the reason(s) for filing this petition (Check all that apply):

- To recover AGAs that were denied due to housing, health or safety code violations.
- The petition is being filed because the property is not compliant with the Richmond Rent Ordinance for failure to pay the Rental Housing Fee(s).
- This petition is being filed due to the current or past Landlord's failure to comply with a Hearing Examiner's or Rent Board's Order.
- Other reason, please explain:

For which previously denied AGAs are you seeking to restore?

- 2016: 3.0%** **2017: 3.4%** **2018: 3.6%** **2019: 3.5%** **2020: 2.9%**

Pursuant to Rent Board Regulation 17-09, also known as the "Banking" regulation, AGA rent increases for which the Landlord may now be eligible shall not exceed five percent (5.0%) of the Rent charged at any time during the preceding 12 months. Previously denied AGAs may need to be taken over the course of more than one year to comply with maximum rent increase limits.

Please attach documentation supporting the claim that the property is currently in compliance with the Richmond Rent Ordinance, the Rent Board Regulations, and the applicable housing, health & safety codes. Please also provide documentation satisfying any claims for refunds or rent overcharges. Documentation of all Richmond Rent Housing Fees is further requested.

Please explain how compliance was achieved:

Owner(s) Declaration:

I/We, _____, am/are the
[Print Name(s)]

Owner(s) of the following properties and specific rental units for which I/we now seek previously denied AGAs.

Property Address	Unit(s)	Zip Code

I/We declare under penalty of perjury under the laws of the State of California that the above rental property(ies) and unit(s) are now in substantial compliance with the Richmond Rent Ordinance, the Rent Board Regulations, and the applicable housing, health & safety codes that may have caused the previous denial of AGAs. I also declare that all prior claims for refunds and rent overcharges have been paid or resolved. I further declare that the information provided herein is true and correct to the best of my knowledge.

_____, California.

[City/Town]

[Signature]

[Date]

[Signature]

[Date]

Landlord Information	Name (s): _____
	Phone(s):(_____) _____
	Business Address: _____
	City, State, Zip: _____
	Bus. E-mail: _____

Agent Information <i>(if applicable)</i>	Name: _____ Phone(s): (_____) _____ Business Address: _____ City, State, Zip: _____ Bus. E-mail: _____
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PLEASE PROVIDE A COPY OF ANY SUPPORTING DOCUMENTATION