RESIDENTIAL TENANT APPEAL REGARDING DISPUTE WITH LANDLORD OVER INABILITY TO PAY RENT DUE TO FINANCIAL IMPACTS OF COVID-19

If a dispute arises between a residential tenant and the landlord regarding whether or not the tenant can pay full rent due to financial impacts related to COVID-19, the tenant may appeal to the City to make a final determination of the dispute. The determination will be made by either the Standing Committee of the City Council appointed to hear disruptive tenant hearings, other members of the City Council designated by the Mayor, or the Rent Stabilization Commission, as applicable.

Residential tenants shall use this form (“COVID-19 Appeal Form”) to request the City to make a final determination of the dispute. You must submit the COVID-19 Appeal Form to your landlord and the City within 10 days of receipt of the landlord’s written determination that the landlord disagrees with your assertion regarding: (1) whether a substantial financial impact exists; (2) whether the financial impact is related to COVID-19, or (3) regarding the amount of rent you have determined you can pay. An electronic version of the COVID-19 Appeal Form can be found at beverlyhills.org/bhrent.

Submit this COVID-19 Appeal Form to the City’s Rent Stabilization Division by email at bhrent@beverlyhills.org. You may use regular mail (addressed to the City of Beverly Hills, Rent Stabilization Division, 455 N. Rexford Drive, Room 200, Beverly Hills, CA 90210) only if email is not feasible. If mailing by regular mail, you must call the Rent Stabilization Division and leave a message at (310) 285-1031 with the following information: Your name, address, and the date you mailed the COVID-19 Appeal Form to the City.

You may submit the COVID-19 Appeal Form to your landlord or your landlord’s representative by regular mail. You may also send by email or text if that is the method of written communication that has been used previously or if you and your landlord or landlord’s representative have agreed to use email or text to correspond.
Tenant and Landlord Information

Residential Tenant’s Name ________________________________
Address _____________________________________________ Unit Number ______

Landlord/Landlord’s Representative’s Name__________________________
Address ____________________________________________________

Hearing Information

A hearing will be scheduled within 15 days of the City’s receipt of a complete COVID-19 Appeal Form and will be held within 15 days thereafter. The Rent Stabilization Division will provide written notice of the hearing to the tenant and landlord by email or regular mail at least 5 business days prior to the date of the hearing. Hearings may be rescheduled by the City upon the request of one of the parties or to accommodate the schedule of the members of the decision-making body who will hear the appeal.

Please use the below space to provide any supplemental information that you have not previously provided to the City and your landlord. Attach any supporting documents that you have not previously provided to the City and your landlord.

________________________________________________________________________
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________________________________________________________________________

(If more space is needed, please provide an attachment)

At the hearing, the decision-making body will not consider any documents that were not submitted to the City and the other party (tenant or landlord, as applicable), at least 2 business days prior to the date of the hearing. A landlord or tenant who desires to submit supplemental documents after this deadline, must request the hearing to be rescheduled.

Formal rules of evidence do not apply in the hearing. However, the decision-making body must be able to determine that the evidence a party submits is what the party claims it to
be. If you intend to rely on the written statement of a witness who will not participate in the hearing, you should provide evidence that the witness made the statement. Such evidence should include the following declaration at the end of the witness statement:

    I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

    Date:      Place of Signature:  Signature of Witness:

I declare under penalty of perjury under the laws of the State of California that the information I have provided in this Appeal Form is true and correct.

________________________________________
Date

________________________________________
Place of Signature

Signature:  Print:  

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