



City of Salinas CDD - Housing Division
65 W Alisal Street 2nd Floor
(831) 758-7901
rentalregistration@ci.salinas.ca.us

LANDLORD PETITION FORM

This form is for landlords to file a petition for rent increases (Fair Return Petition) and for pass through of specified capital improvement costs under the **Rent Stabilization Ordinance (Ord. No. 2681)**, *Note: Landlord will be responsible for all costs associated with the City's review of a Fair Return Petition.*

SECTION 1: LANDLORD INFORMATION

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

SECTION 2: TENANT INFORMATION

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

SECTION 3: RENTAL PROPERTY INFORMATION

Rental Property Address: _____
Unit Number (if applicable): _____

SECTION 4: BASIS OF PETITION

Reason for Petition:

- Fair Return Petition (Sec 17-02.07)
- Pass Through for Specified Capitol Improvement (Sec 17-02.08)

Work must be completed in order to file a pass-through petition.

Description of Issue (attach additional pages if needed): _____

SECTION 5: ATTACHMENTS

Please attach the following documents, if applicable:

- Copy of lease or rental agreement
- Copies of relevant notices (e.g., breach notices, termination notices)
- Photos, emails, or other evidence supporting your claim
- Cost of Completion and all supporting documents.
- Other documentation (specify): _____

SECTION 6: DECLARATION

I, _____ (Landlord), declare under penalty of perjury under the laws of the State of California that the information provided in this petition and all attached documents are true and correct to the best of my knowledge.

I understand that the City of Salinas may require additional information to review this petition. Failure to provide accurate and complete information may result in denial of the requested rent increase.

Signature of Landlord: _____ Date: _____

Instructions for Submission:

Please submit your completed petition form to the **City of Salinas Housing Division for review.*