CALIFORNIA ASSOCIATION OF REALTORS®

SAN FRANCISCO REQUEST FOR PROTECTED TENANT STATUS INFORMATION (§§37.9(l)(4) AND 37.9(J)(3) OF THE SAN FRANCISCO RESIDENTIAL RENT STABILIZATION AND ARBITRATION ORDINANCE AND TENANT DECLARATION REGARDING PROTECTED STATUS

(C.A.R. Form SF-PTSI, 1/11)

To: _____ ("Tenant")
and any other co-tenants or sub-tenants in possession of the premises located at:
(Street Address) _____ (Unit/Apartment #) _____
(City) _____ (State) _____ (Zip Code) _____ ("Premises").

1. **A.** Under Section 37.9(a)(8) of the San Francisco Residential Rent Stabilization and Arbitration Ordinance ("Rent Ordinance"), an owner may terminate your tenancy if the owner will occupy your unit as a principal place of residence for at least three years.

   B. As provided in Sections 37.9(i) and 37.9(j), you may claim protection from eviction if **(i)** any tenant in your rental unit is at least 60 years of age and has lived in the unit for at least 10 years; **(ii)** any tenant is Disabled and has lived in the unit for at least 10 years; **(iii)** any tenant is Catastrophically Ill and has lived in the unit for at least 5 years; or **(iv)** any tenant in your rental unit has a custodial or family relationship with a child under the age of 18 who is residing in the unit and the tenant with the custodial or family relationship has resided in the unit for at least 12 months. Any person who satisfies any one of these four criteria is a Protected Tenant.

   C. You are Disabled if you are disabled or blind within the meaning of the federal Supplemental Security Income/California State Supplemental Program (SSI/SSP), and are determined by SSI/SSP to qualify for that program or you satisfy such requirements through any other method of determination approved by the Rent Board. You are Catastrophically Ill if you are Disabled and your primary care physician certifies that you are suffering from a life-threatening illness.

2. You have thirty (30) days from the date of service of this Request for Information to submit a statement of your claim to be a Protected Tenant, along with supporting evidence. If you do not submit a statement of your claim to be a Protected Tenant to your landlord within thirty (30) days after this Request for Information is served, that will be deemed an admission that you are not protected from eviction by Sections 37.9(i) and 37.9(j).

If you claim that you are a Protected Tenant, you may use the second page of this form to make your statement of claim by completing and returning it to your landlord along with supporting evidence.

Landlord _____ Date _____
(Owner or Agent)

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

This Notice was served by_____, on _____(date),
in the following manner: (if mailed, a copy was mailed at_____(Location))

1. ☐ **Personal service.** A copy of the Notice was personally delivered to the above named Tenant.
2. ☐ **Substituted service.** A copy of the Notice was left with a person of suitable age and discretion at the Tenant's residence or usual place of business and a copy was mailed to the Tenant at the Premises.
3. ☐ **Post and mail.** A copy of the Notice was affixed to a conspicuous place on the Premises and a copy was mailed to the Tenant at the Premises.
4. ☐ **Mail.** This Notice was mailed to Tenant at the Premises.
5. ☐ **Other**_____

_____ _____
(signature) (date)

(Keep a copy for your records.)

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Reviewed by _____ Date _____

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Property Address: _____ Date: _____

TENANT DECLARATION REGARDING PROTECTED STATUS

Check all boxes that apply:

1. ☐ I am 60 years of age or older and have lived in the unit for at least 10 years.
2. ☐ I am Disabled and have lived in the unit for at least 10 years.
3. ☐ I am Catastrophically Ill and have lived in the unit for at least 5 years.
4. ☐ I have custodial or family relationship with a child under the age of 18 who is residing with me in the unit and I have resided in the unit for at least 12 months.
5. ☐ I believe that I will become a member of one of the protected classes of tenants described above within the next 12 months for the following reasons:_____
6. ☐ Another person living in the unit is a Protected Tenant: _____ (Name)

I have enclosed evidence supporting my claim that I am a Protected Tenant.

Information and advice regarding this Request for Protected Tenant Status Information is available from the San Francisco Residential Rent Stabilization and Arbitration Board, 25 Van Ness Avenue, Suite 320, San Francisco, CA 94102 (415) 252-4600.

I acknowledge and understand that my landlord will rely on this Declaration Regarding Protected Status. I further acknowledge and understand that a buyer of the property in which I reside will rely on this Declaration Regarding Protected Status in making a decision to purchase the property.

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

Tenant _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

Tenant _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

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