

GARDENA RENT MEDIATION BOARD

1700 West 162nd Street, Gardena, CA 90247

TENANT REQUEST FOR MEDIATION

CASE NO. _____ (Office use only)

Tenant Information (Please print)	Owner/Landlord Information (Please print)
(Name) _____	(Name) _____
(Home Address) _____	(Mailing Address) _____
(Unit/Apt. No. [if applicable]) _____	(City) _____ (Zip) _____
(Zip) _____	(Daytime Phone No.) _____
(Home Phone No.) _____	(Manager Name & Phone No. [if applicable]) _____
(Business Phone No.) _____	_____

INSTRUCTIONS: Please fill out requested information as completely as possible. If you have written evidence to support your claim, please reproduce and attach the copy(s) to this form. **DO NOT SUBMIT ORIGINALS.** Examples: Rent Receipts, Leases, Applications, Correspondence, Repair Bills for Damages, Rent Increase Notices, etc.

1. Please complete the information below:

A. Is the proposed rent increase greater than 5%? (___) YES (___) NO

If yes, please provide the percentage: _____ (ex.5%, 6%)

B. For Mobile Home Homeowners: Is the proposed rent increase equal to or greater than one-half of the percentage increase in the Consumer Price Index (CPI) since the effective date of the current rent? (___) YES (___) NO

If yes, please provide the effective date of current rent: _____;
the percentage increase: _____ and the CPI percentage increase: _____.

2. Do you have a tenancy agreement? (___) YES (___) NO

A. Is it WRITTEN (___) or VERBAL (___)?

B. Do you have a lease? (____) YES (____) NO Number of bedrooms _____

C. What is the term of your lease? _____

3. Date you moved into this unit: _____

4. Current Rent: _____ Proposed Rent: _____

5. Please state your complaint clearly and concisely in your own words. Give dates of the transactions and rental agreement(s) and explain efforts you have made to resolve the issue. (If additional space is needed, you may attach a separate sheet with any added details). PLEASE GIVE A DETAILED AND COMPLETE HISTORY of rent increases since date of occupancy in this unit to the present time, and attach verification.

DATE OF OCCURRENCE

COMPLAINT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I declare the facts contained herein are true and accurate to the best of my knowledge. I also understand that no action of any kind can be taken by the Mediation Board until this request for mediation is completed and returned to the Board.

Signed: _____ Date: _____

Mail or deliver to: Gardena Rent Mediation Board
Gardena City Hall
1700 West 162nd Street
Gardena, CA 90247

TENANT SPOKESPERSON AUTHORIZATION

CASE NO. _____

As a **TENANT** in the above referenced case, I realize that my case has been consolidated pursuant to Gardena Municipal Code Sec. 14.04.110 and further represent that the agent listed below is fully authorized to represent my interests and enter a Binding Settlement of the issues being mediated.

SPOKESPERSON/AGENT: _____ DATE: _____

AUTHORIZED SIGNATURE (S): **(Please Print)**

1. _____
2. _____
3. _____
4. _____
5. _____

Note:

Please be advised that this hearing is closed to the public. Therefore, only the individuals that are listed as spokesperson or agent will be permitted to speak during the mediation and/or arbitration process. Nevertheless, if there are any breaks or recess during the hearing, the tenants being represented may be able to ask questions or voice concerns to their appointed representative.

Furthermore, pursuant to Gardena Municipal Code Section 14.04.120, no attorney shall partake in any mediation or arbitration hearing unless they are the owner, manager or tenant of the dwelling unit that is involved in the mediation and/or arbitration.