



CITY OF SACRAMENTO
 Community Development Department - Tenant Protection Program
 300 Richards Blvd., 3rd Floor, Sacramento, CA 95811
 Phone (916) 808-8121 / Fax (916) 288-9957
 Email: tpp@cityofsacramento.org / Website: www.cityofsacramento.org/tpp

TENANT PETITION FOR PRE-EVICTION HEARING

THIS FORM MUST BE SUBMITTED TO THE TENANT PROTECTION PROGRAM WITHIN SEVEN (7) CALENDAR DAYS OF RECEIVING AN EVICTION NOTICE

TENANT INFORMATION				
First Name		Last Name		
Address		Unit No.		Zip Code
E-Mail Address		Contact Phone		
Lease Start Date		Lease End Date		
Do you have a Written Lease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Rent Amount		Effective date of last rent increase		
LANDLORD/PROPERTY MANAGEMENT INFORMATION				
First Name		Last Name		
Property Management Company				
Mailing Address				
City		State		Zip
E-Mail Address		Contact Phone		
PROPERTY INFORMATION (if known)				
Year Built: _____	Assessor Parcel No.: _____			
Property Type:	<input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____			
Shared space with landlord (kitchen or bathroom):	<input type="checkbox"/> Yes <input type="checkbox"/> No			
EVICTION/LEASE TERMINATION NOTICE				
Was the eviction notice issued in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notice Received:		
Eviiction Notice. (Please attach copies of all eviction notices received.)	<input type="checkbox"/> 3 Day <input type="checkbox"/> 30 Day <input type="checkbox"/> 60 Day <input type="checkbox"/> 90 Day <input type="checkbox"/> 120 Day <input type="checkbox"/> Other _____			

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WHAT WAS THE REASON GIVEN FOR THE EVICTION/LEASE TERMINATION? (please check all that apply)			
<input type="checkbox"/> Yes	Failure to pay rent	<input type="checkbox"/> Yes	Breach of lease agreement *
<input type="checkbox"/> Yes	Criminal or nuisance activity	<input type="checkbox"/> Yes	Failure to give access
<input type="checkbox"/> Yes	Repairs requiring temporary vacancy	<input type="checkbox"/> Yes	Owner move-in
<input type="checkbox"/> Yes	Withdrawal of unit from rental market	<input type="checkbox"/> Yes	Other: _____

* Did Landlord provide an opportunity to cure the breach of the lease agreement? Yes No

Has an Unlawful Detainer (eviction) Court hearing date been set?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Date:	_____
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Reason for Filing this Petition (please attach any supporting documentation):

Date: _____

Tenant: _____
(Print Name)

(Signature)

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