

Santa Cruz County
MOBILEHOME RENTAL ADJUSTMENTS
OFFICE OF THE COUNTY COUNSEL
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For County Counsel Use Only

Date Received _____

Mobilehome Park: _____
Property Address: _____

**MOBILEHOME PARK OWNER PETITION FOR
SPECIAL RENT ADJUSTMENT**

The entire Petition must be completed for this form to be accepted for filing.

PART I: GENERAL INFORMATION

A. Park Owner(s)

Name: _____

Address: _____

Telephone: _____

Fax: _____

B. Attorney or Other Authorized Representative

Name: _____

Address: _____

Telephone: _____

Fax: _____

C. Mobilehome Park Property Information

Assessor's Parcel Number: _____

Year Built: _____

Date of Purchase: _____

Purchase Price: _____

Amount of Down Payment: _____

Current Year Property Tax: _____

D. Mobilehome Space Information

Number of mobilehome spaces on the property _____

Number of residential units (other than mobilehomes) on the property _____

Does this petition cover all the spaces/units on the property? _____

If no, indicate the number of spaces/units not covered by the petition and the reason why they are not covered _____

When did you last increase rents for the park? _____

E. Security Deposits

Have all security deposits, including any advance rent payments, paid by the residents listed in Part VI, been deposited in an interest-bearing account? _____

F. Prior Petitions for Special Rent Adjustment

Indicate the dates of the decisions of all prior petitions _____

PART II: REASON(S) FOR PETITION

The Santa Cruz County Mobilehome Rental Adjustment Ordinance authorizes an annual General Rent Adjustment. In reviewing special rent adjustment petitions, consideration will be given to the effect of the general adjustments. No special rent adjustments will be granted for cost increases covered by the general adjustment.

Indicate the reason(s) for the filing of this petition by checking one (or more, if applicable) of the lines below. Sections set forth below refer to the Santa Cruz County Code. Copies of County Code sections are available at the Office of the County Counsel or on line at www.co.santa-cruz.ca.us. Complete and submit the appropriate schedules as indicated.

1. _____ Base Year (1979) net operating income did not yield a fair return (Section 13.32.040 (c) and (d)).
Complete Schedules A, B and D.
2. _____ The owner's operating and maintenance expenses in the Base Year were unusually high or low in comparison to other years. (Section 13.32.040 (d) 1)
Complete Schedules A, B and D.
3. _____ The gross income during the Base Year was disproportionately low. (Section 13.32.040 (d) 2) Please submit a supporting factual statement.
4. _____ Other. Complete Schedules A, B, C and D.

PART III: PROPOSED SPECIAL RENT INCREASE SCHEDULE

The hearing on the proposed rent increase will necessitate information on all mobilehome spaces/units in the park. Although you may not be seeking a rental increase for each space/unit, please complete the Rent Schedule for all spaces/units in the park.

On the Rent Schedule below, you should provide only the space/unit number. On part VI, please provide the name of each resident by space/unit number. Park VI will only be made available to the hearing officer and its staff and residents affected by the petition for rent increase.

Unit Number	Rent on 1982 Anniversary Date	Current Maximum Allowable Rent	Proposed Monthly Increase Based on This Pettition	Proposed Maximum Allowable Rent
Monthly Total				
Annual Total				

(Attach additional sheets if necessary)

PART IV: SCHEDULES

Please be prepared to provide documentation and additional information to the hearing officer upon consideration of your petition. Although this petition may be completed without providing information for years intervening between 1979 and the current year, they may be required at the hearing.

SCHEDULE A

INCOME FROM PROPERTY

Please refer to Section 13.32.040(b) for explanation of these terms.

		1979	Current Year**
1.	Rents For All Spaces/Units In Park At 100% Occupancy (include potential rents for any vacant or owner-occupied spaces/units)*		
2.	Interest From Security Deposits, Unless Directly Paid By The Park Owner To The Residents		
3.	Other Income Including Laundry, Cleaning, Garage, Parking, Storage, Etc.		
4.	Total Potential Gross Income (add lines 1, 2, & 3)		
5.	Rent Loss Due To:		
	(a) Vacancies		
	(b) Uncollected Rents (bad debts)		
	(c) Other (explain on separate sheet)		
6.	Total Rent Loss (add lines 5a, b & c):		
7.	Total Collected Gross Income (subtract line 6 from line 4)		

*For 1979 gross rent, multiply July 1, 1979, rents by 12.

**Indicate previous 12-month figures through the last full month prior to filing this petition.

SCHEDULE B

OPERATING EXPENSES

TABLE I: SUMMARY OF EXPENSES

Supply all available annual information for 1979 and all available information for current year for all spaces/units. Do not include costs paid by residents (e.g., utilities).

Where 1979 expenses are unavailable or incomplete, please attach an additional sheet setting forth your actual operating expenses for the first full calendar year of ownership. Do the same for Tables II and III of this Schedule as well.

Please refer to Section 13.32.040(b)(3) for explanation and elaboration of allowable operating expenses.

		1979	Current Year*
1.	Property Taxes		
2.	Electricity		
3.	Gas		
4.	Water		
5.	Trash		
6.	Administrative/Management Expenses including Advertising, Accounting, Allowable Legal, Insurance, Etc. (You may indicate the actual amounts spent or insert a total figure representing 5% of Gross Income [from line 7 on Schedule A]. If you claim other than 5%, please attach explanatory information.)		
7.	Repair & Maintenance		
8.	Owner-Performed Labor		
9.	License, Registration or Other Fees to the Extent Such Fees Are Not Paid by Residents		
10.	Non-Amortized Capital Expenses		
11.	Other (itemize on attached sheet)		
12.	TOTAL		

*Indicate previous 12-month figures through the last full month prior to filing this petition.

SCHEDULE B

OPERATING EXPENSES

TABLE II: ITEMIZATION OF EXPENSES FOR MAINTENANCE & REPAIRS

Itemize all categories of annual maintenance and ordinary repair expenses. Maintenance and repair expenses would include: painting, landscaping, fumigation, etc. Do not include the costs of capital improvements, which are covered separately in Schedules C and D. If there were extraordinary costs for particular spaces/units, identify the spaces/units and itemize the costs on a separate sheet.

Although 1979 itemization is not required, you may be required to document 1979 costs in order to establish why current expenses have increased faster than normal.

Please refer to Section 13.32.040(b)(3) for explanation of maintenance and repair costs.

	Items	Current Year*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
TOTAL (this should be the same as line 7 in Table I)		

(Attach additional sheets if necessary)

*Indicate previous 12-month figures through the last full month prior to filing this petition.

SCHEDULE B

OPERATING EXPENSES

TABLE III: SELF-LABOR

Complete the table below only if the park owner actually performs maintenance or repair services for which formal wages for self-labor are not paid. If that is the case, please identify and itemize self-labor expenses below. Please estimate self-labor hours and wages where records are not available. You should estimate by using the rate set forth in Section 13.32.040(b)(3), i.e., \$7.00/hour for general maintenance and \$13.00/hour for skilled labor unless you can show that those rates are unfair in your case. Please attach additional sheets if necessary.

Itemize Self-Maintenance And Repairs Provided In Current Year. Do Not Include Management Or Administrative Costs In This Section.*	Number of Hours at \$7.00	Number of Hours at \$13.00	Number of Hours at Other Rate
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Sub-Totals of Self-Maintenance & Repair Hours at Each Rate			
Sub-Totals of Self-Maintenance & Repair Cost			
TOTAL COST OF OWNER PERFORMED LABOR**	\$		

(Attach additional sheets if necessary)

*Indicate previous 12-month figures through the last full month prior to filing this petition.

**Should be the same as Table 1, line 8

SCHEDULE C

HOUSING SERVICE INCREASES

For each space/unit in which additional services are now being provided (e.g., additional room, parking space), please supply the following information:

Space or Unit #	Service (Itemize)	Value of Service	Date Additional Services Provided

1. Were the increased services provided at the specific request of the present residents?
Yes: ____ No: ____

2. Were the increased services required by the County of Santa Cruz?
Yes: ____ No: ____
(If yes, please explain)

SCHEDULE D

SUMMARY OF INCOME AND EXPENSES: NET OPERATING INCOME

		1979**	Current Year*
1.	Total Collected Gross Income (from Schedule A, line 7)**	\$	\$
2.	Total Operating Expenses (from Schedule B, Part IV)	\$	\$
3.	Net Operating Income (subtract line 2 from line 1)	\$	\$

* Indicate previous 12 month figures through the last full month prior to filing this petition.

**Calculate this number by multiplying 12 times July 1, 1979 rents .

Note: You do not need to provide the above information at this time for the years between 1979 and the current year; however, it may be requested at the time of hearing, so you must be prepared to provide it.

PART V: CERTIFICATION

Certification of Correctness of Information

Under penalty of perjury, I hereby certify that the foregoing information and that contained in the attached schedule(s) is true and correct to the best of my knowledge and belief.

Date: _____

Signature of Petitioner or
Authorized Representative

Name: _____

Address: _____
(Street)

(City, State) (Zip)

PART VI: LIST OF ALL RESIDENTS OF THE PARK

Name of Resident (Print)

Space # and Phone #

Name of Resident (Print)

Space # and Phone #

Name of Resident (Print)

Space # and Phone #

Name of Resident (Print)

Space # and Phone #

Name of Resident (Print)

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