

SAN BERNARDINO MOBILE HOME RENT BOARD
Net Operating Income Adjustment Worksheet – Rent Increase

All information requested on this form must be provided; failure to answer any question may result in dismissal of petition by the Board.

Name of Applicant: _____

If corporation, also indicate name of person to contact concerning this Petition

Title of Applicant: _____ Telephone #: (____) _____

Business Address: _____

Name & Address of Rental Property: _____

I. GROSS INCOME

	Base Year	Last Calendar Year
A. Gross Rents		
Computed as Gross Rental Income at 100% Paid Occupancy	\$ _____	\$ _____
(Furnish copy of base rent roll and current rent role for all spaces if not on file with Board)		
B. Interest From Deposits		
(Unless Paid Directly to Tenants)	\$ _____	\$ _____
C. Income From		
1. Laundry Facilities	\$ _____	\$ _____
2. Vending Machines	\$ _____	\$ _____
3. Cleaning Fees	\$ _____	\$ _____
4. Garage & Parking Fees	\$ _____	\$ _____
5. Other, Please Specify:	\$ _____	\$ _____
Total Line C	\$ _____	\$ _____
D. Add Lines A, B, and C	\$ _____	\$ _____
E. Uncollected Rents Due to Bad Debt and Vacancy	\$ _____	\$ _____
F. Gross Income (Subtract Line E from Line D)	\$ _____	\$ _____

II. OPERATING EXPENSES

G. Management Services		
1. Accounting	\$ _____	\$ _____
2. Advertising	\$ _____	\$ _____
3. Insurance Premiums	\$ _____	\$ _____
4. Legal Fees	\$ _____	\$ _____
5. Value of Landlord Performed Services	\$ _____	\$ _____
6. Management Fees	\$ _____	\$ _____
7. Office Supplies	\$ _____	\$ _____
8. Salaries and Payroll Taxes	\$ _____	\$ _____
9. Other (Specify):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Line G	\$ _____	\$ _____

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II. OPERATING EXPENSES (Continued)

	Base Year	Last Calendar Year
H. Repair And Maintenance Costs		
1. Appliances	\$ _____	\$ _____
2. Cleaning	\$ _____	\$ _____
3. Fumigation	\$ _____	\$ _____
4. Furniture	\$ _____	\$ _____
5. Landscaping	\$ _____	\$ _____
6. Painting	\$ _____	\$ _____
7. Supplies	\$ _____	\$ _____
8. Other (Specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Line H	\$ _____	\$ _____
I. Real Property Taxes	\$ _____	\$ _____
J. License And Registration Fees Not Otherwise Paid By Tenants (Specify)		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
Total Line J	\$ _____	\$ _____
K. Utility Costs		
1. Electricity	\$ _____	\$ _____
2. Gas	\$ _____	\$ _____
3. Telephone	\$ _____	\$ _____
4. Water	\$ _____	\$ _____
5. Other (Specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Line K	\$ _____	\$ _____
L. Amortized Capital Expenses		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____
Total Line L	\$ _____	\$ _____

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V. STATE BRIEFLY ANY ADDITIONAL REASON(S) FOR SEEKING A RENT INCREASE

VI. HAVE AVAILABLE, AT HEARING, SUBSTANTIATION OF ALL EXPENSES CLAIMED IN PETITION

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT.

DATE: _____ SIGNATURE: _____

A copy of this petition has been personally served, or mailed to each tenant listed on my PETITION FOR HEARING BY MOBILE HOME PARK LANDLORD who might be affected by this petition.

DATE: _____ SIGNATURE: _____