

CITY OF OAKLAND



P.O. BOX 70243, OAKLAND, CALIFORNIA 94612-0243
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Rent Adjustment Program

(510) 238-3721
FAX (510) 238-6181
TDD (510) 238-3254

**NOTICE BY TENANT TO OWNER OF
ENTITLEMENT TO RELOCATION BENEFITS
(O.M.C. § 8.22.450)**

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

TO: _____
(Name of Owner)

My household qualifies for relocation assistance and moving expenses as follows:

_____ \$6,500 for studio/one bedroom

_____ \$8,000 for two bedrooms

_____ \$9,875 for three or more bedrooms

My household qualifies for an additional \$2,500 for the following reason:

_____ I am disabled

_____ I am a senior (age 62 and over)

_____ I have minor children

_____ My household qualifies as lower income as defined by the California Health and Safety Code at § 50079.5. I am requesting relocation benefits pursuant to Oakland Municipal Code § 8.22.450.

INCOME LIMITS FOR LOWER INCOME HOUSEHOLDS	
Persons per household:	Income no greater than:
1	\$50,150
2	\$57,300
3	\$64,450
4	\$71,600
5	\$77,350
6	\$83,100
7	\$88,800
8	\$94,550

_____ **I have given my landlord written notice of entitlement to the additional payment of \$2,500.**

If the Tenant agrees not to contest any unlawful detainer action the Owner files to evict the Tenant in order to withdraw the rental unit from the market, half of the relocation payments are due to the Tenant at the time the termination notice is given and the other half is due upon move out.

PLEASE CHECK BELOW:

_____ **I agree not to contest an unlawful detainer action based on the Notice to Terminate Tenancy filed herein.**

Tenant Signature

Date