



P.O. BOX 70243, OAKLAND, CALIFORNIA 94612-0234
Community and Economic Development Agency
Rent Adjustment Program

(510) 238-3721
FAX (510) 238-3691
TDD (510) 238-3254

NOTICE OF TERMINATION OF TENANCY
OMC §8.22.430

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

TO: _____

Tenant(s) in possession of the property located at:

(PROPERTY ADDRESS)
OAKLAND, CALIFORNIA

YOU ARE HEREBY NOTIFIED that:

1. The tenancy by which you hold possession of the above property will be terminated effective:

(this date must be at least **120 days** from the date Withdrawal Notices are delivered to the Rent Adjustment Program as required by O.M.C. § 8.22.430(A))

ON THAT DATE, you will be required to vacate and surrender possession of these premises.

2. This Notice of Termination of Tenancy is being given to you pursuant to the requirements of O.M.C. § 8.22.400 in order to withdraw your unit and all other residential units on the property from the rental housing market. As required by O.M.C. § 8.22.430(A), Withdrawal Notices will be provided to the Rent Adjustment Program, and will include the name of all current occupants, address and legal description of the property, the date the tenancy began, amount of rent, and name(s) and address(es) of Owner(s).

3. **WITHIN THIRTY (30) DAYS of receipt of this Notice to Terminate Tenancy**, you may notify Owner and the City of Oakland Rent Adjustment Program in writing that you would be interested in re-renting this unit if it is re-offered for rent at a future time.

4. If you are disabled or sixty-two (62) years of age or older and you have lived in your rental unit for at least one (1) year, the date of termination of your tenancy will be extended to one (1) year from the date of delivery of Withdrawal Notices to the Rent Adjustment Program, **provided that you give written Notice of Entitlement to Extension Based on Disability or Age to the Owner within sixty (60) days after delivery of Withdrawal Notices to the Rent Adjustment Program.**

5. If you are a qualified low-income household, you may receive a relocation payment in the amount of two (2) months rent in effect at the time you receive this Notice of Termination of Tenancy. **You must give written notice to the Owner of your entitlement to such payment within sixty (60) day of the date of delivery of the Withdrawal Notices to the Rent Adjustment Program.**

SIGNATURE _____

DATE _____

THIS NOTICE MUST BE SERVED:

1. **ON THE TENANT PERSONALLY; OR**
2. **WITH SOMEONE OF SUITABLE AGE AND DISCRETION AT TENANT'S RESIDENCE AND ALSO BY MAILING A COPY TO TENANT AT TENANT'S RESIDENCE; OR**
3. **BY AFFIXING A COPY IN A CONSPICUOUS PLACE ON THE PROPERTY AND DELIVERING A COPY TO THE PERSON RESIDING THERE AND MAILING A COPY TO TENANT.**