

CITY OF OAKLAND



P.O. BOX 70243, OAKLAND, CALIFORNIA 94612-0243
Community and Economic Development Agency
Rent Adjustment Program

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

**OWNER REQUEST FOR DOCUMENTATION TO TENANT
CONCERNING RELOCATION BENEFIT CLAIM
O.M.C. § 8.22.450(D)**

This Request for Documentation must be made within fifteen (15) days after Owner receives Tenant’s Notification of Entitlement to Benefits (Form 10).

The Owner must reasonably and in good faith believe that a Tenant does not meet the income standards for relocation benefits.

Tenant must provide documentation within thirty (30) days from the date of receiving this Owner Request.

Tenant is not required to produce any document that is protected as private or confidential under any state, local or federal law.

TO: _____
(Name of Tenant)

Please provide documentation that you qualify as lower income and, therefore, are entitled to a relocation payment.

SIGNATURE OF _____
OWNER

DATE _____