

CITY OF OAKLAND



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

(510) 238-3721
FAX (510) 238-6181
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**TENANT RESPONSE TO OWNER REQUEST FOR
DOCUMENTATION CONCERNING RELOCATION BENEFIT CLAIM
OMC§8.22.450**

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

Tenant must respond to an Owner Request for Documentation Concerning relocation benefits (Form 13) within thirty (30) days by submitting documentation to Owner.

Tenant is providing Owner with the following documents to support his or her entitlement to an additional \$2,500 of relocation benefits.

OWNER: _____

PROPERTY ADDRESS
AND RENTAL UNIT NO.: _____

TENANT: _____
(Please print name)

SIGNATURE OF _____
TENANT

DATE _____