



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

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**NOTICE OF ENTITLEMENT TO EXTENSION OF TIME  
TERMINATING TENANCY TO ONE YEAR BASED ON  
DISABILITY OR AGE  
(O.M.C. § 8.22.440)**

**THIS FORM CONTAINS CONFIDENTIAL INFORMATION**

TO: \_\_\_\_\_  
(Owner)

Tenant Names(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

- I am entitled to an extension to one (1) year of the withdrawal of my rental unit from the rental market because:
- I have lived in this rental unit at least one (1) year prior to the date that Withdrawal Notices were delivered to the Rent Adjustment Program

**AND**

- I am disabled (as defined by Government Code § 12955.3 and § 12926

**AND/OR**

- I am sixty-two (62) years of age or older

SIGNATURE OF: \_\_\_\_\_  
TENANT

DATED: \_\_\_\_\_