



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

(510) 238-3721
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**OWNER NOTICE TO RENT ADJUSTMENT PROGRAM OF TENANT
CLAIM FOR EXTENSION DUE TO DISABILITY OR AGE
OMC §8.22.440.C**

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

This Notice must be filed within thirty (30) days of the notification by the Tenant to the Owner of his or her entitlement to an extension.

(Name of Tenant)

(Address of Rental Unit)

The above-named Tenant has provided written notice to Owner of a claim for entitlement to an extension to one (1) year of the withdrawal of the above-named Rental Unit from the rental market.

This Notice is being provided pursuant to O.M.C. § 8.22.440(C).

SIGNATURE OF: _____
OWNER

DATE: _____