



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

(510) 238-3721
FAX (510) 238-3691
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**OWNER REQUEST TO TENANT FOR INFORMATION CONCERNING
CLAIM FOR EXTENSION DUE TO DISABILITY OR AGE
OMC §8.22.440**

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

This Request for Information must be provided to Tenant within fifteen (15) days after Owner is notified by Tenant of a claim for extension due to age and/or disability.

When making this request Owner must reasonably and in good faith believe that a Tenant does not meet the requirements of O.M.C. § 8.22.400 for an extension due to age and/or disability.

TO: _____
(Name of Tenant)

PROPERTY ADDRESS AND UNIT NO.: _____

Please provide information demonstrating age or disability which would qualify you for an extension for withdrawal of your rental unit from the rental market.

You are not required to provide any information considered confidential by any local, state or federal law.

You must respond in writing to this request within **thirty (30) days** by delivering your response to Owner at the address shown below.

OWNER IS REQUIRED TO KEEP ANY DOCUMENTS SUBMITTED BY TENANT CONFIDENTIAL UNLESS THERE ARE ADMINISTRATIVE OR LEGAL PROCEEDINGS REGARDING TENANT'S STATUS AS ELDERLY OR DISABLED.

SIGNATURE _____
(Owner)

ADDRESS _____

DATE _____