



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

(510) 238-3721
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**TENANT RESPONSE TO OWNER REQUEST FOR INFORMATION
CONCERNING CLAIM FOR EXTENSION OF TIME TO VACATE
DUE TO DISABILITY OR AGE
O.M.C. § 8.22.440(D)**

THIS IS A CONFIDENTIAL DOCUMENT

Tenant must respond to an Owner Request for Information Concerning Claim for Extension Due to Age and/or Disability within thirty (30) days by submitting documents to Owner.

TO OWNER: _____

OWNER ADDRESS: _____

Tenant is providing Owner the following documents to support his or her claim for an extension of one (1) year of withdrawal of the rental unit from the rental market.

BY TENANT _____
(Please Print Name)

SIGNATURE OF _____
TENANT

PROPERTY ADDRESS AND UNIT NO.: _____

DATE _____