



250 FRANK H. OGAWA, SUITE 5313, OAKLAND, CALIFORNIA 94612-2034

Housing and Community Development Department

Rent Adjustment Program

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**NOTICE OF PAYMENT OF RELOCATION BENEFITS TO TENANT
O.M.C. § 8.22.450**

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

TO: RENT ADJUSTMENT PROGRAM

Owner has paid and will pay to Tenant(s) per unit the following amount of relocation:

_____ \$6,500 (for studio/one bedroom; \$3,250 first payment/ \$3,250 second payment)

_____ \$8,000 (for two bedrooms; \$4,000 first payment/ \$4,000 second payment)

_____ \$9,875 (for three or more bedrooms; \$4937.50 first payment/ \$4937.50 second payment)

_____ \$2,500 (Per household, if applicable, for seniors 62 and over, disabled, low-income households, and households with minor children)

First Half of Paid Relocation Payment: \$_____

Second Half of Relocation Payment: \$_____

The first payment was delivered to Tenant by: _____

City, State Zip Code)

The second payment will be delivered to Tenant by: _____

City, State Zip Code)

TENANT NAME: _____

PROPERTY ADDRESS AND RENTAL UNIT: _____

SIGNATURE OF OWNER

DATE