



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

Housing and Community Development Department

Rent Adjustment Program

rapwp.oaklandnet.com

(510) 238-3721

FAX (510) 238-6181

TDD (510) 238-3254

**NOTICE OF TERMINATION OF TENANCY**

O.M.C. § 8.22.430

**THIS FORM CONTAINS CONFIDENTIAL INFORMATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tenant(s) in possession of the property located at:

\_\_\_\_\_ in OAKLAND, CA  
(PROPERTY ADDRESS)

**YOU ARE HEREBY NOTIFIED** that:

- 1. The tenancy by which you hold possession of the above property will be terminated effective:

\_\_\_\_\_  
(this date must be at least **120 days** from the date Withdrawal Notices are delivered to the Rent Adjustment Program as required by O.M.C. § 8.22.430(A))

**ON THAT DATE**, you will be required to vacate and surrender possession of these premises.

- 2. This Notice of Termination of Tenancy is being given to you pursuant to the requirements of O.M.C. § 8.22.400 in order to withdraw your unit and all other residential units on the property from the rental housing market. As required by O.M.C. § 8.22.430(A), Withdrawal Notices will be provided to the Rent Adjustment Program, and will include the name of all current occupants, address and legal description of the property, the date the tenancy began, amount of rent, and name(s) and address(es) of Owner(s).



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3. **WITHIN THIRTY (30) DAYS of receipt of this Notice to Terminate Tenancy**, you may notify Owner and the City of Oakland Rent Adjustment Program in writing that you would be interested in re-renting this unit if it is re-offered for rent at a future time. You have a right to return to the unit in the future should it be re-offered for rent. O.M.C. § 8.22.460. If you wish to exercise that right, you must also notify the owner of any future address changes.
4. If you are disabled or sixty-two (62) years of age or older and you have lived in your rental unit for at least one (1) year, the date of termination of your tenancy will be extended to one (1) year from the date of delivery of Withdrawal Notices to the Rent Adjustment Program, **provided that you give written Notice of Entitlement to Extension Based on Disability or Age to the Owner within sixty (60) days after delivery of Withdrawal Notices to the Rent Adjustment Program.**
5. You have the right to payment of relocation benefits from your landlord as follows:
  - \$6,649.50 for studio/one bedroom
  - \$8,184 for two bedrooms
  - \$10,102.13 for three or more bedrooms
6. You have the right to an additional \$2,500, **per household**, if you, or a family member:
  - Is disabled,
  - Is a senior (age 62 and over),
  - Have minor children, or
  - Your household qualifies as low income as defined by the California Health and Safety Code Section 50079.5.
7. Information regarding evictions is available from the City of Oakland Rent Adjustment Program. Parties seeking legal advice concerning evictions should consult with an attorney. The Rent Adjustment Program is located at 250 Frank H. Ogawa Plaza, Suite 5313, Oakland, CA 94612; Telephone: (510) 238-3721; Website: rapwp.oaklandnet.com.
8. This form is provided by the Rent Adjustment Program to identify language the Oakland Municipal Code requires for a termination notice under the Ellis Act Ordinance. An owner, using this form, may consult an attorney to determine if California state laws impose additional requirements on notices terminating tenancy.



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**THIS NOTICE MUST BE SERVED:**

1. On the tenant personally; or
2. With someone of suitable age and discretion at tenant's residence and also by mailing a copy to the tenant at tenant's residence; or
3. If a place of residence and usual place of business cannot be ascertained or a person of suitable age or discretion cannot be found there, by affixing a copy in a conspicuous place on the property, and delivering a copy to the person residing there, if such a person can be found, and mailing a copy to the tenant; or
4. By sending a copy by certified or registered mail addressed to the tenant.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_