



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 BY TENANT TO OWNER OF
ENTITLEMENT TO RELOCATION BENEFITS
O.M.C. § 8.22.450**

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

TO: _____
(Name of Owner)

My household qualifies for relocation assistance and moving expenses as follows:

_____ \$6,649.50 for studio/one bedroom

_____ \$8,184 for two bedrooms

_____ \$10,102.13 for three or more bedrooms

My household qualifies for an additional \$2,500 for the following reason:

_____ I am disabled

_____ I am a senior (age 62 and over)

_____ I have minor children

_____ My household qualifies as lower income as defined by the California Health and Safety Code at § 50079.5. I am requesting relocation benefits pursuant to Oakland Municipal Code § 8.22.450.



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INCOME LIMITS FOR LOWER INCOME HOUSEHOLDS	
Persons per household:	Income no greater than:
1	\$56,300
2	\$64,350
3	\$72,400
4	\$80,400
5	\$86,850
6	\$93,300
7	\$99,700
8	\$106,150

_____ I have given my landlord written notice of entitlement to the additional payment of \$2,500.

If the Tenant agrees not to contest any unlawful detainer action the Owner files to evict the Tenant in order to withdraw the rental unit from the market, half of the relocation payments are due to the Tenant at the time the termination notice is given and the other half is due upon move out.

PLEASE CHECK ONE BELOW:

_____ I agree not to contest an unlawful detainer action based on the Notice to Terminate Tenancy filed herein.

_____ I do not agree not to contest an unlawful detainer action based on the Notice to Terminate filed herein.

 Tenant Signature

 Date