

CITY OF OAKLAND



P.O. BOX 70243, OAKLAND, CALIFORNIA 94612-0243
 Department of Housing & Economic Development
 Rent Adjustment Program

(510) 238-3721
 FAX (510) 238-6181
 TDD (510) 238-3254

**CLAIM OF PROTECTED STATUS
 (O.M.C. § 8.22.360 and Regulations 8.22.360.A.9.g)**

To:

Tenant's Name	Address and unit number

I am the owner of property with the rental unit you occupy. The property has 6 units or fewer or the property has more than 6 units and your unit is unique. I have accepted an offer to sell the property contingent upon vacancy of your unit. Pursuant to the City of Oakland Just Cause for Eviction Regulations you must state if you will claim a right to protected status against an owner occupancy eviction. Each tenant in this unit is required to complete this form and return it to the landlord within 15 calendar days of service of this request at the following address. **If you do not return the form within 15 calendar days, you waive the right to assert protected status as of the last day to respond.**

Owner's Name	Mailing address

- YES NO**
1. **I have lived in this rental unit five (5) years or longer.**
 2. **I am disabled as defined by California Government Code § 12926.**
 3. **I am sixty (60) years of age or older.**
 4. **I am catastrophically ill as defined by Oakland Municipal Code § 8.22.360.A.9.e.ii.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Tenant Signature	Date signed

Rev. 4/18/18

**THIS FORM CONTAINS CONFIDENTIAL INFORMATION
 THIS IS NOT AN EVICTION NOTICE
 A SEPARATE FORM MUST BE ADDRESSED TO EACH TENANT**