



Housing and Community Development Department
RENT ADJUSTMENT PROGRAM
250 Frank H. Ogawa Plaza, Suite 5313
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**NOTICE OF ENTITLEMENT TO EXTENSION OF TIME TERMINATING
TENANCY TO ONE YEAR BASED ON DISABILITY OR AGE**

ELLIS ACT ORDINANCE (Oakland Municipal Code § 8.22.400, et seq.)

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

TO: _____
(Owner(s))

Tenant Name(s): _____

Property Address: _____

I am entitled to an extension to one (1) year of the withdrawal of my rental unit from the rental market because:

I have lived in this rental unit at least one (1) year prior to the date that Withdrawal Notices were delivered to the Rent Adjustment Program

AND

I am disabled (as defined by Government Code § 12955.3 and § 12926)

AND/OR

I am sixty-two (62) years of age or older

SIGNATURE OF TENANT: _____

DATE: _____