



P.O. BOX 70243, OAKLAND, CALIFORNIA 94612-0243  
Community and Economic Development Agency  
Rent Adjustment Program

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

**OWNER REQUEST FOR DOCUMENTATION TO TENANT  
CONCERNING RELOCATION BENEFIT CLAIM  
O.M.C. § 8.22.450(D)**

**This Request for Documentation must be made within fifteen (15) days after Owner receives Tenant’s Notification of Entitlement to Benefits (Form 12).**

**The Owner must reasonably and in good faith believe that a Tenant does not meet the requirements for additional relocation payment of \$2,500.**

**Tenant must provide documentation within thirty (30) days from the date of receiving this Owner Request.**

**Tenant is not required to produce any document that is protected as private or confidential under any state, local or federal law.**

TO: \_\_\_\_\_  
(Name of Tenant)

Please provide documentation that:

\_\_\_\_\_ You are disabled

\_\_\_\_\_ You are a senior (age 62 and over)

\_\_\_\_\_ You have minor children

\_\_\_\_\_ Your household qualifies as low-income as defined by the California Health and Safety Code at Section 50079.5.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE