



appCITY OF OAKLAND
RENT ADJUSTMENT PROGRAM
 250 Frank H. Ogawa Plaza, Suite 5313
 Oakland, CA 94612-0243
 (510) 238-3721
 CA Relay Service 711
www.oaklandca.gov/RAP

For Rent Adjustment Program date stamp.

RESPONSE TO PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS

Please fill out this form as completely as you can. Property owners and tenants may use this form to respond to the PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS filed by the tenant or property owner of their rental unit. By filing the Petition, the owner or tenant has requested that the Rent Adjustment Program ("RAP") schedule a hearing to address the tenant's claim of "protected status" as elderly, disabled, or catastrophically ill for purposes of protection under the Just Cause for Eviction Ordinance (see Oakland Municipal Code ("O.M.C.") Section 8.22.360 (A)(9) and the corresponding Regulations). However, participation in this RAP hearing process is voluntary, and RAP will only schedule a hearing and have jurisdiction to address the claim if both parties agree. **By completing and submitting this form within the required time for filing, you are indicating that you agree to have RAP schedule a hearing to address the claim.** If you do NOT wish to have this claim addressed by RAP, no response is necessary. See the last pages of this Response packet ("Important Information Regarding Filing Your Response") or the RAP website for more information. **CONTACT A HOUSING COUNSELOR TO REVIEW YOUR RESPONSE BEFORE SUBMITTING.** To make an appointment email RAP@oaklandca.gov.

Rental Unit Information			
_____ Street Number	_____ Street Name	_____ Unit Number	Oakland, CA _____ Zip Code
Type of unit (check one):	<input type="checkbox"/> Single family home <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment, room, or live-work	Number of units on property: _____ Date tenant moved into unit: _____	
Your Information			
I am the: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant		Do you agree to have RAP address the claim of protected status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ First Name		_____ Last Name	
Mailing Address (if different from above): _____			
Primary Telephone: _____ Other Telephone: _____ Email: _____			
Your Representative (Check one): <input type="checkbox"/> No Representative <input type="checkbox"/> Attorney <input type="checkbox"/> Non-attorney			
_____ First Name		_____ Last Name	
_____ Mailing Address:			
_____ Phone Number:			
_____ Email:			

CLAIM OF PROTECTED STATUS

Complete the chart below by providing all information requested. Only complete questions 5-6 if you are the property owner. If you are the tenant, complete questions 1-4 only. You may, but are not required to, provide an additional explanation of any of your responses, or of your response to the Petition generally, by attaching a separate sheet and submitting it together with your Response.

1.	On what basis does the tenant claim protected status?	<input type="checkbox"/> Aged 60+	<input type="checkbox"/> Disabled	<input type="checkbox"/> Catastrophically ill
2.	Has the tenant resided in the unit for at least 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Has the tenant submitted a statement with supporting evidence of protected status to the property owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	If the answer to question 3, above, is "Yes," what documentation was submitted?			
	<input type="checkbox"/> Driver's license, DMV identity card, or birth certificate <input type="checkbox"/> Social security or workers' compensation <input type="checkbox"/> Statement from health care provider (<i>includes mental health care professional</i>) <input type="checkbox"/> Other: _____			

TO BE COMPLETED BY PROPERTY OWNER ONLY

5.	Do you or your relative who seeks to occupy the unit also claim protected status? (If "Yes," answer 5a-5c below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5a. Person claiming protected status: <input type="checkbox"/> Self <input type="checkbox"/> Relative (<i>state relation</i>): _____		
	5b. Do you claim that all other rental units that you own are occupied by tenants who also qualify for protected status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5c. Total number of properties owned: _____ Total number of rental units in all properties: _____		
6.	Do you seek a determination of tenant protected status because you are selling the property? (If "Yes," answer 6a-6d below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6a. Have you accepted an offer from a purchaser and the offer is contingent on the availability of a unit to owner-occupy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6b. Does the property contain six or fewer units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6c. If the property contains more than six units, do you claim that the tenant's unit is unique?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6d. If the answer to 6c. is "Yes," explain why you believe the unit is unique: _____ _____ _____ _____		

PROPERTY OWNER FILING REQUIREMENTS

If you are the property owner, you must be current on the following requirements and submit supporting documentation of compliance in order to submit a Response. Owner Responses that are submitted without proof of compliance with the below requirements will be considered incomplete. If you are a tenant, proceed to the next section ("VERIFICATION").

Requirement	Documentation
<input type="checkbox"/> Current Oakland business license	Attach proof of payment of your most recent Oakland business license.
<input type="checkbox"/> Payment of Rent Adjustment Program service fee ("RAP Fee")	Attach proof of payment of the current year's RAP Fee for the subject property.
<input type="checkbox"/> Service of the required City form entitled "NOTICE TO TENANTS OF THE RESIDENTIAL RENT ADJUSTMENT PROGRAM" ("RAP Notice") on all tenants* *Exception for units not covered by the Residential Rent Adjustment Program	Attach a signed and dated copy of the <u>first</u> RAP Notice provided to the tenant subject to this petition or check the appropriate box below. <input type="checkbox"/> I first provided tenant with the RAP Notice on (date): _____. <input type="checkbox"/> I have never provided a RAP Notice. <input type="checkbox"/> I do not know if a RAP Notice was ever provided. <input type="checkbox"/> I believe the unit is exempt from the Residential Rent Adjustment Program.

VERIFICATION (Required)

I declare under penalty of perjury pursuant to the laws of the State of California that everything I said in this Response is true and that all of the documents attached to the Response are true copies of the originals.

Signature

Date

CONSENT TO ELECTRONIC SERVICE (Highly Recommended)

Check the box below if you agree to have RAP staff send you documents related to your case electronically. If all parties agree to electronic service, the RAP will send certain documents only electronically and not by first class mail.

- I consent to receiving notices and documents in this matter electronically at the email address(es) provided in this response.

INTERPRETATION SERVICES

If English is not your primary language, you have the right to an interpreter in your primary language at the Rent Adjustment hearing. You can request an interpreter by completing this section.

- I request an interpreter fluent in the following language at my Rent Adjustment proceeding:
- Spanish (Español)
 - Cantonese (廣東話)
 - Mandarin (□ □ 话)
 - Other: _____

-END OF RESPONSE-



CITY OF OAKLAND

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Oakland, CA 94612-0243
(510) 238-3721
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PROOF OF SERVICE

NOTE: YOU ARE REQUIRED TO SERVE A COPY OF YOUR RESPONSE (PLUS ANY ATTACHMENTS) ON THE OTHER PARTY PRIOR TO FILING YOUR RESPONSE WITH RAP.

- 1) Use this PROOF OF SERVICE form to indicate the date and manner of service and the person(s) served.
- 2) Provide a completed copy of this PROOF OF SERVICE form to the person(s) being served together with the documents being served.
- 3) File a completed copy of this PROOF OF SERVICE form with RAP together with your Petition. Your Petition will not be considered complete until this form has been filed indicating that service has occurred.

On the following date: / / I served a copy of (check all that apply):

- RESPONSE TO PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS** plus attached pages (number of pages attached to Response not counting the Response form or this PROOF OF SERVICE)
- Other:

by the following means (check one):

- United States Mail.** I enclosed the document(s) in a sealed envelope or package addressed to the person(s) listed below and at the address(es) below and deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.
- Commercial Carrier.** I deposited the document(s) with a commercial carrier, using a service at least as expeditious as first-class mail, with all postage or charges fully prepaid, addressed to the person(s) listed below and at the address(es) below.
- Personal Service.** I personally delivered the document(s) to the person(s) at the address(es) listed below or I left the document(s) at the address(es) with some person not younger than 18 years of age.

PERSON(S) SERVED:

Name	<input type="text"/>
Address	<input type="text"/>
City, State, Zip	<input type="text"/>

Name	
Address	
City, State, Zip	

Name	
Address	
City, State, Zip	

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

PRINTED NAME

SIGNATURE

DATE SIGNED

IMPORTANT INFORMATION REGARDING FILING YOUR RESPONSE

CONTACT A HOUSING COUNSELOR TO REVIEW YOUR RESPONSE BEFORE SUBMITTING

To make an appointment, email RAP@oaklandca.gov or call (510) 238-3721. Although the Housing Resource Center is temporarily closed for drop-in services, assistance is available by email or telephone.

TIMELINE FOR FILING RESPONSE

If you agree to have RAP address the tenant's claim of protected status, you must file a Response to the Petition within 30 days after the Petition was served on you (35 days if served by mail). If you do NOT agree to have the claim of protected status addressed in a RAP hearing, no Response is required. Failure to file a timely Response will be interpreted as an indication that you do not wish to participate in the RAP hearing process.

SERVICE ON TENANT/PROPERTY OWNER

If you choose to participate in the RAP hearing process by filing a Response, you must serve a copy of your completed Response form (plus any attachments) and a completed PROOF OF SERVICE form on the other party prior to filing with RAP. You may serve the other party by mail or personal delivery. A copy of the completed PROOF OF SERVICE form must be submitted to RAP together with your Response. Your Response will not be considered complete until a PROOF OF SERVICE form is filed indicating that the other party has been served.

DOCUMENTS SUBMITTED IN SUPPORT OF RESPONSE

All attachments submitted together with your Response must be numbered sequentially. You may submit additional evidence in support of your Response up to seven days before your hearing. You must serve a copy of any documents filed with RAP on the other party and file a PROOF OF SERVICE form.

FILING YOUR RESPONSE

Although RAP normally does not accept filings by email or fax, RAP is temporarily accepting Responses via email during the COVID-19 local state of emergency. You may also deliver the Response to the RAP office by mail. If the RAP office is closed on the last day to file, the time to file is extended to the next day the office is open. If you send your Response by mail, a postmark date does not count as the date it was received. Remember to file a PROOF OF SERVICE form together with your Response.

Via email: hearingsunit@oaklandca.gov

Mail to: City of Oakland
Rent Adjustment Program
250 Frank H. Ogawa Plaza, Ste. 5313
Oakland, CA 94612-0243

In person: TEMPORARILY CLOSED
City of Oakland
Dalziel Building, 250 Frank H. Ogawa Plaza Suite
5313 Reception area
Use Rent Adjustment date-stamp to stamp your documents to verify timely delivery and place them in RAP self-service drop box.

AFTER RESPONSE IS FILED

Participation in the RAP hearing process for determination of tenant protected status is optional, and RAP will only have jurisdiction to address the claim of protected status if BOTH parties agree. By submitting a completed Response form within the time limit for filing, you are indicating that you agree to have RAP address this claim. After your Response is received, RAP will move forward with scheduling a hearing. You will be mailed a Notice of Hearing indicating the hearing date. If you are unable to attend the hearing, contact RAP as soon as possible. The hearing will only be postponed for good cause.

CONFIDENTIAL NATURE OF HEARING

Evidence of a tenant's disability or illness is deemed confidential. Hearings will not be open to the public. Records of hearings and decisions will not be considered public records for purposes of the California Public Records Act (Cal. Government Code § 6250, et seq.). The owner or their representative, agent, or attorney may not release any evidence or records or information contained in such evidence or records pertaining to the tenant's disability or illness to a person other than the parties or their representatives for the hearing.

FILE/DOCUMENT REVIEW

Either party may contact RAP to review the case file and/or to request copies of any documents pertaining to the case at any time prior to the scheduled hearing.

FOR MORE INFORMATION

Additional information on the RAP hearing process is located on the RAP website, in the Residential Rent Adjustment Program Ordinance and Regulations (see Oakland Municipal Code 8.22.110 *et seq.*), and in the Just Cause for Eviction Ordinance and Regulations (see Oakland Municipal Code 8.22.360(A)(9)). You may also refer to the Guide on Oakland Rental Housing Law at <https://cao-94612.s3.amazonaws.com/documents/Guide-to-Oakland-Rental-Housing-Law-1.pdf> or contact a RAP Housing Counselor with questions at any time by emailing RAP@oaklandca.gov or calling (510) 238-3721.