

CITY OF OAKLAND RENT ADJUSTMENT PROGRAM 250 Frank H. Ogawa Plaza, Suite 5313 Oakland, CA. 94612 Mail: P.O. Box 70243, Oakland, CA 94612-0243 (510) 238-3721 Phone (510) 238-6181 Fax	For date stamp <p style="text-align: center;"><u>OWNER PETITION</u> <u>TO EXTEND TIME OF TENANT</u> <u>VACANCY TO MAKE REPAIRS</u></p>
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Please Fill Out This Form Completely. If you need more space you may attach additional pages. Failure to provide needed information may result in your response being rejected or delayed.

Your Name	Mailing Address (with zip code)	Daytime Telephone: _____ E-mail: _____
Your Representative's Name	Mailing Address (with zip code)	Daytime Telephone: _____ E-Mail: _____
Tenant(s) names (s)	Address of unit being repaired (with zip code)	Telephone Day: _____ Evening: _____
Tenant(s) names (s)	<u>Current Address (if known)</u> (with zip code)	Telephone: Day: _____ Evening: _____

Have you paid for your Oakland Business License? Yes _____ No _____ Business License #: _____
 The property owner must have a current Oakland Business License. If it is not current, an Owner Petition or Response may not be considered in a Rent Adjustment proceeding. (Provide proof of payment.)

Have you paid the Rent Adjustment Program (RAP) Service Fee? Yes _____ No _____
 The property owner must be current on payment of the RAP Service Fee. If the fee is not current, an Owner Petition or Response may not be considered in a Rent Adjustment proceeding. (Provide proof of payment.)

Date of Termination notice to tenant: _____

I (We) will need to extend the time to complete repairs to the following date: _____

Reason for delay in completing repairs:

Please attach organized documentation and a separate sheet with a full explanation of reason for delay.

Verification

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

Landlord's Signature

Date