

CITY OF OAKLAND RENT ADJUSTMENT PROGRAM P.O. Box 70243 Oakland, CA 94612-0243 (510) 238-3721 Phone (510) 238-6181 Fax	For filing date stamp
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LANDLORD PETITION TO CHALLENGE CLAIM OF PROTECTED CLASS

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 petition being rejected or delayed.

Your Name	Rental Address (with zip code)	Telephone:
		E-mail:
Your Representative's Name (if any)	Mailing Address (with zip code)	Telephone:
		E-mail:
Tenant(s) name(s)	Mailing Address (with zip code)	Telephone:
		E-mail:

ALLEGATIONS

1. The tenant has presented to me a written statement with documentary evidence claiming protected status under Oakland's Just Cause Ordinance.

(Please check at least one box in each numbered paragraph.)

2. The tenant claims that he/she is: Elderly Disabled Catastrophically ill

3. The named tenant has lived in the unit more than 5 years Less than 5 years

4. The building with the tenant's unit has more than 6 units 6 units or less

5. The tenant's unit is similar to other units in the building Tenant's unit is unique

6. The owner has accepted a written offer to purchase the building contingent on availability of the unit for owner occupancy. Yes No

7. I have good cause to request a hearing to challenge the tenant's statement. I understand that BOTH the landlord and the tenant must agree to have this matter heard by the Rent Adjustment Program before a hearing will be set.

VERIFICATION

I declare the foregoing to be true and correct under penalty of perjury under the laws of the State of California.

Landlord's Signature

Date

Landlord's Signature

Date