



# NOTICE OF ENTITLEMENT TO PERMANENT RELOCATION PAYMENT AND, IN SOME INSTANCES, A GREATER AMOUNT OF PERMANENT RELOCATION PAYMENT

*(Section 11.100.050(a)(7), Richmond Municipal Code and Chapter 5, Rent Board Regulations)*

**Purpose and Instructions:** This Notice is to be completed by the Landlord and included with any Notice to Terminate Tenancy pursuant to Section 11.100.050(a)(7), Richmond Municipal Code (Withdrawal of Rental Unit from the Rental Market). The Landlord must provide this Notice to each Tenant. The Tenant, within 60 days of receipt of this Notice, must notify the Landlord (a) that the Tenant will vacate the Rental Unit on or before the date in the Landlord’s Notice of Intent to Withdraw a Rental Unit from the Rental Market.

A Tenant who is a “Qualified Tenant Household” (Section 11.102.050 (c), Richmond Municipal Code) should complete the attached Tenant Assertion of Age, Disability or Presence of Minor Children form.

Assessor’s Parcel Number (APN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address of Rental Unit: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Agent Name (if applicable): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

## **TO THE TENANTS AND OCCUPANTS:**

**NOTICE IS HEREBY GIVEN** that pursuant to Chapter 11.102 of the Richmond Municipal Code, you are entitled to either \$\_\_\_\_\_ (base amount) or \$\_\_\_\_\_ (for Qualified Tenant Households<sup>1</sup>) in Permanent Relocation Payment in accordance with the Permanent Relocation Payment fee schedule shown on the following page.

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<sup>1</sup> A “Qualified Tenant Household” means a household and includes at least one Tenant who (i) is a Senior Citizen, (ii) is Disabled, (iii) has at least one child under the age of 18 living in household, (iv) resides in a lower income household as that term is defined in California Health and Safety Code, Section 50079.5 or (v) is displaced due to an Owner Move-In and the Tenant has a terminal disease as that term is defined in California Health and Safety Code, Section 443.1(q). See Richmond Municipal Code 11.102.020(j).



Pursuant to Section 11.102.070, Richmond Municipal Code, a Landlord shall pay within three business days one-half (1/2) of the applicable Relocation Payment after the Tenant has informed the Landlord in writing that the Tenant will vacate the Rental Unit on or before the date in the Landlord’s Notice of Intent to Withdraw a Rental Unit from the Rental Market (see the “Notice to Landlord that the Tenant Will Vacate the Rental Unit” form), as that date may be extended if the Tenant is a senior citizen, is disabled, is a lower income household or has one or more minor dependent children in the household and has lived in the Rental Unit for one year. (See Notice of Entitlement to One Year’s Notice for a Tenancy to be Terminated due to Withdrawal of the Rental Unit from the Rental Market form.)

The Landlord shall pay the other half within three business days upon certification that the Tenant has vacated the Rental Unit by no more than two calendar days after the date provided in the notice of termination of tenancy, as extended (if applicable).

If a Tenant is a “Qualified Tenant Household” (Section 11.102.050 (c), Richmond Municipal Code), a Tenant is entitled to a greater amount of permanent relocation payment. See attached Instruction Sheet and accompanying form concerning a Tenant’s Assertion of Age, Disability or Presence of Minor Children.

<b>Relocation Payments for Withdrawal From Rental Market Evictions</b>		
<b>Maximum Cap Per Unit Type</b>	<b>Base Amount</b>	<b>Qualified Tenant Household Amount</b>
Studio	\$7,602	\$8,712
1 Bedroom	\$11,653	\$13,428
2+ Bedrooms	\$15,814	\$18,199

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**Landlord Written Statement of Compliance:**

I \_\_\_\_\_, the Landlord of the aforementioned Rental Unit have fully complied with all the requirements set forth in 11.102.060 of the Richmond Municipal Code.

**Declaration of Landlord**

I declare under penalty of perjury under the laws of the state of California that this information and every attached document, statement and form is true and correct and that this Declaration was executed on \_\_\_\_\_, 20\_\_, at \_\_\_\_\_, California.

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
*First M.I. Last*



## **INSTRUCTION SHEET ACCOMPANYING THE TENANT ASSERTION OF AGE, DISABILITY OR PRESENCE OF MINOR CHILDREN**

*(Section 11.100.050(a)(7), Richmond Municipal Code and Chapter 5, Rent Board Regulations)*

**Purpose:** This form may be used by a Tenant to assert entitlement to a greater amount of relocation payment when a Landlord seeks to recover possession of the Rental Unit in good faith because the Rental Unit is being withdrawn from the rental market pursuant to Section 11.100.050 (a)(7), Richmond Municipal Code:

### **Instructions to Tenant:**

To assert age, disability or presence of one or more minor children in the household in order to receive a greater amount of relocation payment, **complete the following Tenant Assertion of Age, Disability, or Presence of Minor Children form that is attached to this document, and mail or deliver it to the Landlord at the time that you inform the Landlord that you will vacate the Rental Unit. File a copy of this notice with the Rent Program either in person or by mailing the completed form to City of Richmond Rent Program, 440 Civic Center Plaza, Suite #200, Richmond, CA 94804.**



# TENANT ASSERTION OF AGE, DISABILITY OR PRESENCE OF MINOR CHILDREN

(Section 11.100.050(a)(7), Richmond Municipal Code and Chapter 5, Rent Board Regulations)

**Purpose:** This form may be used by the Tenant to assert entitlement to the Qualified Tenant Household Relocation Payment which is a greater amount of a permanent relocation payment.

I, \_\_\_\_\_, \_\_\_\_\_, the Tenant at  
(First Name) (Last Name)

\_\_\_\_\_  
(#) (Street) (Suffix (st., rd.)) Unit #

\_\_\_\_\_ assert the following:  
City State Zip

I am entitled to the Qualified Tenant Household Relocation Payment because I have lived in the Rental Unit for at least one year and for the following reason(s) (select all that apply):

- I am 62 years of age or older
- I am a disabled person within the meaning of California Government Code Section 12955.3.
- There is one or more children under the age of 18 years living in this household.
- My household is a lower income household as defined in California Health and Safety Code, section 50079.5.

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**PLEASE NOTE:**

**Any records included with this form and submitted to the Rent Program may be subject to disclosure under the California Public Records Act.**

**SIGNATURE**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration was executed on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, California.

**Tenant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_