



• **FORM RP-202 (C)** •

**Notice for Tenant Concerning the Date that the Tenant Will Vacate the  
Rental Unit**

*Contact us if you need translation services or reasonable accommodations due to a disability.*

**PURPOSE**

When serving a notice of termination of tenancy based on Withdrawal of the Rental Unit from the Rental Market, the landlord must provide two copies of the following attachment to each tenant. The tenant may then use this attachment to notify the landlord of the date the tenant intends to vacate the unit in order to receive a permanent relocation payment and assert the right to extend the tenant's stay in the unit.

**INSTRUCTIONS**

**LANDLORD:** Serve this notice on the tenant(s) at the same time and in the same manner as the notice of termination of tenancy.

Tenant instructions and deadlines are included with the attachment.

**Relocation Payment Schedule**

The landlord shall pay one-half of the applicable Permanent Relocation Payment within three business days after receiving a completed attachment from the tenant.

The landlord shall pay the other half within three business days upon certification that the tenant has vacated the rental unit as provided in the attachment.

## ATTACHMENT RP-202 (C) FOR THE TENANT (two pages)

- This is an important document, please have it translated. If you require interpretation, please call (510) 747-4346 or come to our office.
- Este es un documento importante, hágalo traducir. Si usted requiere interpretación, por favor llame al (510) 747-4346 o diríjase a nuestra oficina.
- 本文件為重要文件，請做好翻譯。我們免費提供翻譯服務。如果您需要翻譯服務，請致電 (510)747-4346，或來我們辦公室。
- Đây là tài liệu quan trọng, vui lòng biên dịch. Nếu bạn cần giải thích, xin gọi (510) 747-4346 hoặc đến văn phòng của chúng tôi.
- Ito ay isang mahalagang dokumento, mangyaring ipasalin ito. Kung kailangan mo ng interpretasyon, mangyaring tumawag sa (510) 747-4346 o Dumating sa aming opisina.

### INSTRUCTIONS

TENANT: To receive a relocation payment and/or to assert the right to extend the stay in the rental unit, a tenant must provide certain information to the landlord in writing. A tenant may use this form for that purpose:

1. Complete the tenant assertion and declaration below.
2. Provide the completed attachment to the landlord within 60 days of receiving the notice of termination of tenancy.
3. For tenants who have a disability and wish to assert the right to extend their stay in the rental unit, have a qualified professional complete the Verification of Disability Status and sign where indicated.
4. File a copy of the attachment and, if applicable, the verification form with the Rent Program by any of the following methods:
  - a. Email: [rentprogram@alamedahsg.org](mailto:rentprogram@alamedahsg.org)
  - b. Fax: (510) 522-7848
  - c. Mail or deliver in person: 701 Atlantic Avenue, Alameda, CA 94501-2161

### 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. Note however, that a tenant's confidential, private medical or financial information will not be disclosed under the Public Records Act.

## Tenant Assertion

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

\_\_\_\_\_, Alameda, California assert the following:  
(Rental Unit Address)

I was served with a notice of termination of tenancy on \_\_\_\_\_, 20\_\_.

That notice provides that I am to vacate the above referenced rental unit by \_\_\_\_\_, 20\_\_.

**Please check the appropriate box below and indicate the date you will vacate the unit.**

I will vacate the rental unit by \_\_\_\_\_, 20\_\_\_\_\_.

*(Indicate a date no later than the date that you are to vacate the rental unit as provided on the notice of termination of tenancy.)*

I am asserting my entitlement to one year's notice concerning the termination of my tenancy prior to surrendering the rental unit to the landlord because the following facts are all true:

- The notice for termination of tenancy states the reason for the termination is due to Withdrawal of the Rental Unit from the Rental Market;
- I have lived in the rental unit for at least one year; and
- I am 62 years of age or older or a person with a disability as defined under California Government Code Section 12926.

I will vacate the rental unit by \_\_\_\_\_, 20\_\_\_\_\_.

*(Indicate a date no later than one year from the date you were served with the notice of termination of tenancy)*

Check all that apply to substantiate the assertion to this entitlement.

File with the Rent Program the required documentation to demonstrate proof of assertion.

\_\_\_\_\_ I am 62 years of age or older. (Tenant must provide proof: e.g., photo identification, passport or municipal identification.)

\_\_\_\_\_ I am a person with a disability within the meaning of California Government Code, section 12926. (Please have a qualified professional complete the Verification of Disability Status form that follows the tenant declaration.)

### Tenant Declaration

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** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_



**Housing  
Authority of the City of Alameda**  
Rent Program

PHONE (510) 747-4346  
FAX (510) 522-7848  
TTY/TRS 711  
EMAIL [rentprogram@alamedahsg.org](mailto:rentprogram@alamedahsg.org)

701 Atlantic Avenue • Alameda, California 94501-2161

**VERIFICATION OF DISABILITY STATUS**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Sent: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: Alameda, CA 94501

**TO BE COMPLETED BY QUALIFIED PROFESSIONAL**

You have been identified as a professional knowledgeable about the above individual's disability and therefore qualified to verify the disability status. **Please complete this form and return it to the Rent Program.** Enclosed is an authorization to release information to us.

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define "disability" as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment. California law defines a "disability" as a "physical or mental impairment which limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment.

Does this individual have a disability as defined by federal or California law above?

Yes                       No

**Warning:** Any persons who signs this statement and who willingly states as true, any matter which he/she knows to be false, is subject to the penalties prescribed for Perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.

\_\_\_\_\_  
Name and Title of person supplying information (Print)

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY TENANT**

Authorization to Release Information: I authorize the knowledgeable professional listed above to disclose relevant information to the Rent Program of the City of Alameda regarding my disability status. I understand that the information the Rent Program obtains will be kept confidential and used solely to determine my entitlement to remain in my rental unit for one year.

I understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department of Agency of the United States on any matter within its jurisdiction.

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Signature of Tenant

Date