



City of Alameda Rent Program
701 Atlantic Avenue
Alameda, CA 94501

PHONE (510) 747-4346
FAX (510) 764-7555
TTY/TRS 711
EMAIL rentprogram@alamedahsg.org

• FORM RP-207 •

Notice of Entitlement to a Temporary Relocation Payment

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

PURPOSE

This notice is to be completed by the landlord and served on a tenant in the following situations:

1. When the landlord takes action to terminate a tenancy temporarily
2. When the tenant has temporarily vacated the rental unit (regardless of whether the tenant has been served with a termination of tenancy notice):
 - i. in compliance with a governmental agency's order to vacate
 - ii. due to Health or Safety Conditions, as defined in Section 6-58.15(S), Alameda Municipal Code (AMC)
 - iii. as part of an approved Capital Improvement Plan

See Section 6-58.85(B) and 6-58.90, AMC; and Section 12 of the City's Policy Concerning Capital Improvement Plans for Rental Units in the City of Alameda

INSTRUCTIONS

Fill out this notice, sign the landlord declaration and serve the tenant with the notice. For temporary terminations of tenancy, the landlord must serve this notice concurrently with, and in the same manner as, the notice to terminate the tenancy temporarily. When a tenant vacates the rental unit following a governmental order to vacate or due to Health or Safety Conditions, the landlord must serve the tenant with this notice within three business days of the tenant's vacating the rental unit.

A copy of this notice, a completed Proof of Service (Form RP-204), and any other documents, such as a copy of the governmental order to vacate, must be filed with the Rent Program within three calendar days of service of the notice on the tenant. Documents may be emailed to rentprogram@alamedahsg.org, faxed to (510) 522-7848, or delivered or mailed to 701 Atlantic Ave., Alameda, CA 94501.

NOTICE OF ENTITLEMENT TO TEMPORARY RELOCATION PAYMENT

Date: _____

To Tenant(s): _____

Address: _____

Street Address

Apt/ Unit #

City

ZIP Code

Email Address: _____

Phone Number: _____

- 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.

NOTICE IS HEREBY GIVEN that pursuant to Ordinance no. 3250 and Resolution 15602 you are entitled to Temporary Relocation Payments in accordance with the Temporary Relocation Payment fee schedule shown on Page 3.

Tenancy Status

1. What is the status of the tenancy? (Check the appropriate box and fill in the vacate date.)

The tenant temporarily vacated the rental unit on (mm/dd/yyyy) _____
in compliance with a governmental order to vacate.
(Please attach a copy of the governmental order.)

The tenant temporarily vacated the rental unit on (mm/dd/yyyy) _____
due to Health or Safety Conditions.
(Please identify the Health or Safety Conditions on the lines below.)

The landlord served a notice to temporarily terminate the tenancy, effective
(mm/dd/yyyy) _____.
(Please attach a copy of the notice.)

2. Summary of repairs that the landlord intends to undertake:

3. What is the estimated date that the repairs will be completed?

_____/_____/_____
Month Day Year

Temporary Relocation Payments

For the first 60 days from the date the tenant vacates the rental unit, the landlord shall make Temporary Relocation Payments to the tenant until the tenant re-occupies the unit within seven calendar days after the landlord has informed the tenant in writing that the repairs have been made or the Health and Safety Conditions eliminated and the tenant may re-occupy the rental unit.

Applicable Temporary Relocation Payments shall be calculated on a daily basis and paid at least on a weekly basis. A tenant continues to pay rent to the landlord while receiving Temporary Relocation Payments.

Please use the following worksheet to calculate the total Temporary Relocation Payment to which the tenant is entitled:

Per Diem Description	Amount (effective July 1, 2021)
Hotel or Motel	<i>\$227 per household = <u> \$227 </u></i>
Meal Expenses	<i>People in the household _____ x \$66 = _____</i> Payment not required if (<i>check if applicable</i>): <input type="checkbox"/> Temporary accommodations include cooking facilities.
Laundry	<i>\$1 per household = _____</i> Payment not required if (<i>check if applicable</i>): <input type="checkbox"/> Temporary accommodations include free laundry facilities, or <input type="checkbox"/> Rental unit did not include free laundry facilities.
Pets	<i>Dogs _____ x \$67 = _____</i> <i>Cats _____ x \$36 = _____</i>
TOTAL PAYMENT PER DAY _____	

The hotel/motel portion shall be distributed on a pro-rata basis to each eligible tenant. The meal portion shall be distributed to each person in the displaced household.

Rent Differential Payments

If the work necessary to comply with the governmental order or to correct the Health of Safety Conditions takes longer than 60 days to complete, the landlord shall make Rent Differential Payments to the tenant until either the work is completed and the tenant re-occupies the rental unit within seven calendar days after the landlord informs the tenant in writing that the rental unit may be re-occupied, or the tenant finds alternative, permanent housing. A tenant shall not pay rent to the landlord while receiving a Rent Differential Payment.

The Rent Differential Payment is calculated by subtracting the lawful rent the tenant is paying at the time the tenant vacated the rental unit from the Fair Market Rent, as set forth below, based on the number of bedrooms in the rental unit from which the tenant has been displaced. If the Fair Market Rent is less than the lawful rent paid by the tenant, then no Rent Differential Payment is required.

Rental Unit	Fair Market Rent (effective July 1, 2021)
Studio	\$1,451
1 bedroom	\$1,757
2 bedrooms	\$2,190
3 bedrooms	\$3,013
4+ bedrooms	\$3,697

$$\frac{\text{Fair Market Rent}}{\text{Fair Market Rent}} - \frac{\text{Unit Rent}}{\text{Unit Rent}} = \frac{\text{Rent Differential}}{\text{Rent Differential}}$$

The Rent Differential Payment will be distributed on a pro-rata basis to each eligible tenant.

Permanent Relocation Payments

If the work necessary to comply with the governmental order or to correct the Health of Safety Conditions takes longer than 60 days to complete and the tenant finds alternative, permanent housing and elects to terminate the tenancy, the landlord shall provide to the tenant a Permanent Relocation Payment as set forth below, in addition to other relocation payments to which the Tenant is entitled. (Amounts effective July 1, 2021.)

Rental Unit	Base Amount	Qualified Tenant Household Amount
Studio	\$5,956	\$7,697
1 bedroom	\$6,689	\$8,799
2 bedrooms	\$7,728	\$10,326
3 bedrooms	\$9,703	\$13,319
4+ bedrooms	\$11,339	\$15,774

“Qualified Tenant Household” means a household with a Tenant who is displaced for any reason other than under subsections A, B, C or D of Section 6-58.80, AMC, and who (i) is a Senior Adult, (ii) is a person with a Disability or (iii) has at least one child under the age of 18 residing in the household.

The Relocation Payment will be distributed on a pro-rata basis to each Eligible Tenant.

Declaration of Landlord

I declare under penalty of perjury under the laws of the State of California that the information in this Notice and every attached document, statement and form is true and correct and that this Declaration was executed on _____, 20____ at _____, California.

Landlord Signature _____ Date _____

Landlord Name _____

Mailing Address _____

City, State _____ Zip Code _____

Email address _____ Phone _____