



City of Alameda Rent Program
950 W. Mall Square, Room 172
Alameda, CA 94501

PHONE (510) 747-7520
EMAIL rentprogram@alamedaca.gov
WEBSITE alamedarentprogram.org

• FORM RP-207 •

Notice of Entitlement to Temporary Relocation Payments

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

PURPOSE

The City of Alameda Rent Ordinance requires a landlord to make Temporary Relocation Payments to a tenant when the tenant has temporarily vacated the rental unit:

- 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, Alameda Municipal Code (AMC)
- iii. as part of an approved Capital Improvement Plan

This notice explains Temporary Relocation Payments to the tenant and must be completed by the landlord whenever payments are owed per the circumstances listed above. See Section 6-58.85(B) and 6-58.90, AMC; Rent Control Ordinance Regulation 20-07; and Rent Control Ordinance Regulation 23-01.

INSTRUCTIONS

Fill out pages 1-5 of this form and serve the tenant with the completed packet. For temporary terminations of tenancy based on an approved Capital Improvement Plan, the landlord must serve this notice concurrently with, and in the same manner as, the notice to temporarily terminate the tenancy. 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 as soon as possible but within no more than three calendar days of the tenant's vacating the rental unit.

Additionally, after a governmental agency has notified the landlord that the rental unit may be re-occupied, the landlord must provide notice to the tenant. This notice should indicate 1) the date by which the rental unit is safe for re-occupation; 2) the total payments made to date; and 3) the tenant's name, contact information, and unit address. *A landlord may use the attachment on page 7 of this packet.*

FILING REQUIREMENTS

A copy of the Notice of Entitlement to Temporary Relocation Payments (Form RP-207, pages 1-5), a completed Proof of Service (Form RP-204), and any other related 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.

A copy of the notice to re-occupy must also be filed with the Rent Program within three calendar days of service of the notice on the tenant.

All documents may be emailed to rentprogram@alamedaca.gov or mailed to 950 W. Mall Square, Room 172, Alameda, CA 94501.

NOTICE OF ENTITLEMENT TO TEMPORARY RELOCATION PAYMENTS

Date: _____

To Tenant(s): _____

Address: _____

Street Address

Apt/ Unit #

City

ZIP Code

Email Address: _____

Phone Number: _____

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- Este es un documento importante, hágalo traducir. Si usted requiere interpretación, por favor llame al (510) 747-7520 o dirigirse 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)747-7520，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) 747-7520 hoặc đến văn phòng của chúng tôi.
- Ito ay isang mahalagang dokumento, mangyaring ipasalin ito. Kung kailangan mo ng interpretasyon, mangyaring tumawag sa (510) 747-7520 o Dumating sa aming opisina.

NOTICE IS HEREBY GIVEN that pursuant to the City's Rent Ordinance 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 based on an approved Capital Improvement Plan, 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 three calendar days after the landlord has informed the tenant in writing that the repairs have been made or the Health and Safety Conditions eliminated. Temporary Relocation Payments shall be calculated daily and paid at least on a weekly basis. 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. For the first 60 days, a tenant must continue to pay rent to the landlord while receiving Temporary Relocation Payments.

If the landlord fails to make Temporary Relocation Payment within seven calendar days, the Rent Program will make Temporary Relocation Payments to the tenant on the landlord's behalf for up to 14 days. The landlord is required to reimburse the Rent Program for any payments made from the Temporary Relocation Tenant Assistance Program Fund within three calendar days from the date the Rent Program makes such payments to a tenant. See Rent Control Ordinance Regulation 20-07. The landlord's failure to reimburse the Rent Program will result in enforcement actions including administrative citations and fines, as well as legal action to recover the payments. See Section 6-58.140, AMC.

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, 2024)
Hotel or Motel	<i>\$245 per household</i> = <u>\$245</u>
Meal Expenses	<i>People in the household</i> _____ <i>x \$71 =</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</i> _____ <i>x\$72 =</i> _____ <i>Cats</i> _____ <i>x\$39=</i>
TOTAL PAYMENT PER DAY _____	

In accordance with the City's Rent Ordinance and Resolution 15602, I, *(insert landlord name)* _____, intend to make payment of *(insert total payment per day from above)* _____ for each day the tenant is displaced from the rental unit, beginning on *(insert date of first payment, mm/dd/yyyy, not more than seven days after the tenant has vacated the rental unit)* _____ and continuing every *(insert frequency of payments, not more than seven days)* _____ days thereafter until the tenant has re-occupied the unit.

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 three 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.

Number of Bedrooms in Rental Unit	Fair Market Rent (effective July 1, 2024)
Studio	\$1,567
1 bedroom	\$1,897
2 bedrooms	\$2,364
3 bedrooms	\$3,253
4+ bedrooms	\$3,991

\$ _____ - \$ _____ = \$ _____
(Fair Market Rent, from above) (Tenant's current rent) (Rent Differential Payment owed)

The Rent Differential Payment must be made within seven calendar days of the final Temporary Relocation Payment and continue on at least a monthly basis until either the tenant re-occupies the rental unit, or the tenant finds alternative permanent housing. The final payment may be pro-rated based on the date a tenant re-occupies or finds alternative permanent housing.

Permanent Relocation Payments

If a Tenant who has been temporarily relocated or who has been informed that the Tenant will be temporarily relocated, and the Tenant, in the sole discretion of the Tenant, elects to find alternative permanent housing and elects to terminate the Tenancy, the Landlord shall provide to the Tenant a Permanent Relocation Payment, in addition to other Relocation Payments. (Amounts effective July 1, 2024.)

Rental Unit	Base Amount	Qualified Tenant Household Amount
Studio	\$6,430	\$8,309
1 bedroom	\$7,222	\$9,499
2 bedrooms	\$8,343	\$11,147
3 bedrooms	\$10,476	\$14,379
4+ bedrooms	\$12,242	\$17,027

“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 _____

NOTICE TO RE-OCCUPY RENTAL UNIT

Date: _____

To Tenant(s): _____

Address: _____

Street Address

Apt/ Unit #

City

ZIP Code

Email Address: _____ Phone _____

Tenant Temporarily Vacated Unit: _____
mm/dd/yyyy

Order to Vacate Withdrawn/Inspection Passed: _____
mm/dd/yyyy

Total Temporary Relocation Payments made to date: _____

Total Rent Differential Payments made to date (if applicable): _____

In accordance with the City's Rent Ordinance and Regulation 20-07, this notice serves to inform all concerned parties that the landlord has received notification from a Governmental Agency indicating that the tenant's rental unit may be re-occupied.

Additionally, the landlord is required to report this notice to the Program Administrator within three calendar days by filing a copy of this attachment. Submissions can be made via email to rentprogram@alamedaca.gov or by mail to 950 W. Mall Square, Room 172, Alameda, CA 94501.

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