

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804

(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



INSTRUCTION SHEET ACCOMPANYING INTERIM NOTICE OF TERMINATION OF TENANCY DUE TO OWNER MOVE-IN

(RMC 11.100.050(a)(6))

Purpose: The attached notices may be used by a Landlord seeking to terminate tenancy pursuant to RMC 11.100.050(a)(6) (Owner Move-In). Landlords may use their own notices as long as they provide all of the information found on these templates.

Instructions:

1. Create and/or Sign In to your City of Richmond web account: [Sign in or Create a Web Account](#). You will have to confirm the account in your email if you are creating one for the first time.
2. Ensure you've submitted the enrollment form for each unique Assessor's Parcel Number (APN) with a rental unit(s): [Richmond Rent Program Enrollment](#).
3. Serve the Tenant Notice via the following steps: Mail or deliver a written Notice of Termination of Tenancy **and** the Notice of Entitlement to Permanent Relocation Payment **and** the Tenant Assertion of Disability, Age, or Terminal Illness form **and** the Tenant Assertion of Disability, Age, or Presence of Minor Children form to the Tenant. A sample template of the Termination of Tenancy notice is available below for your use; Landlords may use their own notice of Termination of Tenancy as long as it includes all of the information covered in the template. The minimum number of days' notice that is given to the Tenant must be in compliance with state law.
4. **Within two business days after service**, file a copy of the Termination notice with the Rent Board, using the following link: <http://www.ci.richmond.ca.us/FormCenter/Rent-Program-9/Interim-Online-Notice-of-Termination-of--62>. A proof of service with time and date of service must be included with the notice filed with the City. Link to printable proof of service template: <http://www.ci.richmond.ca.us/DocumentCenter/View/43639>.

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



DISCLAIMER: The attached form is a template Landlords may use to file notice with the Richmond Rent Program for termination of tenancy as required by law. Please visit www.richmondrent.org or call (510) 620-6576 to review Tenant and Landlord rights.

INTERIM NOTICE OF TERMINATION OF TENANCY DUE TO OWNER MOVE-IN
(RMC 11.100.050(a)(6))

To Tenants and occupants in possession of the premises at:

Address: _____
Street Address *Apt/ Unit #*

City *ZIP Code*

Current Tenant Name(s): _____

Date Tenant(s) Moved In: _____

OWNER MOVE-IN DETAILS:

Name of Family Member Moving into the Rental Unit: _____

Family Member's Estimated Move-in Date: _____

NOTE: The Landlord or enumerated relative must intend in good faith to move into the Rental Unit within ninety (90) days after the Tenant vacates and to occupy the Rental Unit as a primary residence for at least thirty-six (36) consecutive months. (RMC 11.100.050(6)(D)). If the Landlord or relative specified on the notice terminating tenancy fails to occupy the unit within ninety (90) days after the Tenant vacates, the Landlord shall offer the unit to the Tenant who vacated it; and pay to said Tenant all reasonable expenses incurred in moving to and from the unit (RMC 11.100.050(6)(E)).

CONTINUED →

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



Family Member's Current Address: _____

Relationship to Landlord: Self Child Spouse Parent Grandparent

YOU ARE HEREBY NOTIFIED that, effective _____ (date) (this date must comply with state law), the tenancy by which you hold possession of the premises will be terminated. At that time, you will be required to vacate and surrender possession of the premises. This notice is being given pursuant to RMC Section 11.100.050(a)(6) in order to allow the Landlord or Landlord's spouse, children, parents, or grandparents to occupy the unit. If you have (1) resided in the Rental Unit for at least five years and (2) you are either at least 62 years old, Disabled, or certified as being terminally ill by your treating physician, you CANNOT be terminated on the basis of "owner move-in" unless the Landlord or eligible family member is also at least 62 years old, Disabled, or terminally ill. To contest termination of tenancy for owner move-in on these grounds, please complete the Tenant Assertion of Disability, Age, or Terminal Illness form that is attached to this document.

Landlord's Signature

Landlord's Printed Name

Date: _____

Landlord's Phone Number: _____

Landlord's Mailing Address: _____

Street Address

Apt/ Unit #

City

ZIP 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. I certify that this property is in compliance with all provisions of the City of Richmond's Fair Rent, Just Cause Eviction, and Homeowner Protection Ordinance, including, but not limited to, payment of all applicable registration fees and penalties.

Landlord Signature: _____ Date: _____

Landlord Name: _____

First

M.I.

Last

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804

(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



INSTRUCTION SHEET ACCOMPANYING INTERIM NOTICE OF ENTITLEMENT TO PERMANENT RELOCATION PAYMENT (RMC 11.102.040)

Purpose: This Notice is to be completed by the Landlord and included with any notice to terminate tenancy pursuant to RMC 11.100.050(a)(6) (Owner Move-In) or RMC 11.100.050(a)(7) (Withdrawal from Rental Market).

Instructions:

1. Create and/or Sign In to your City of Richmond web account: [Sign in or Create a Web Account](#). You will have to confirm the account in your email if you are creating one for the first time.
2. Ensure you've submitted the enrollment form for each unique Assessor's Parcel Number (APN) with a rental unit(s): [Richmond Rent Program Enrollment](#).
3. Include the Notice of Entitlement to Permanent Relocation Payment with the Notice of Termination of Tenancy
 - o Complete the online Proof of Service form and include a PDF copy of 1) the Notice of Termination of Tenancy, 2) the Notice of Entitlement to Relocation Payment, 3) the Tenant Assertion of Disability, Age, or Terminal Illness form, and 4) the Tenant Assertion of Disability, Age, or Presence of Minor Children form: [Proof of Service](#). (RMC 11.102.040(c)).

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



**INTERIM NOTICE OF ENTITLEMENT TO
PERMANENT RELOCATION PAYMENT**
(RMC 11.102.040)

To Tenants and occupants in possession of the premises at:

Address: _____
Street Address *Apt/ Unit #*

City *ZIP Code*

NOTICE IS HEREBY GIVEN that pursuant to Chapter 11.102 of the Richmond Municipal Code, you are entitled to \$_____ in Permanent Relocation Payment in accordance with the Permanent Relocation Payment fee schedule shown on the following page. Pursuant to RMC 11.102.070, a Landlord shall pay one-half of the applicable Relocation Payment when the Tenant has informed the Landlord in writing of the date when the Tenant will vacate the Rental Unit and the other half upon certification that the Tenant has vacated the Rental Unit on the date provided in the notice.

CONTINUED →

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
 (510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



Permanent Relocation Payment

Amounts shown are for calendar year 2018 and shall be adjusted annually, beginning January 1, 2019, based on the percentage change in the Consumer Price Index (All Urban Consumers – San Francisco-Oakland-San Jose region) as of November of each year.

Maximum Cap per Unit Type (a) (b)	Owner Move-In (R.M.C. 11.100.050(a)(6))		Withdrawal from Rental Market (R.M.C. 11.100.050(a)(7)) or Substantial Repairs (R.M.C. 11.100.050(a)(5)) or Due to a Governmental Agency's Order for the Tenant to Vacate the Rental Unit or other Conditions Described in Section 11.102.030(c), RMC	
	Base Amount	Qualified Tenant Household Amount (c)	Base Amount	Qualified Tenant Household Amount (c)
Studio	\$3,492	\$4,057	\$7,035	\$8,062
1 Bedroom	\$5,392	\$6,213	\$10,784	\$12,427
2+ Bedroom	\$7,343	\$8,421	\$14,635	\$16,843

Note:

(a) If a Rental Unit is rented by one Tenant, then the entire Relocation Payment shall be paid to such Tenant. If more than one Tenant rents the Rental Unit, the Relocation Payment shall be paid on a pro-rata basis to each Eligible Tenant.

(b) The Relocation Payment is calculated on a per Rental Unit basis, paid on a per Eligible Tenant basis, with a maximum amount per Rental Unit as shown.

(c) A "Qualified Tenant Household" is defined in Section 11.102.020(j), Richmond Municipal Code.

Landlord Written Statement of Compliance:

I _____, the Landlord of the aforementioned premises, have fully complied with all the requirements set forth in 11.102.060 of the Richmond Municipal Code. I attest that the Relocation Assistance Fee or Displacement Plan Review Fee will be paid promptly when invoiced by the City.

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. I certify that this property is in compliance with all provisions of the City of Richmond's Fair Rent, Just Cause Eviction, and Homeowner Protection Ordinance, including, but not limited to, payment of all applicable registration fees and penalties.

Landlord Signature: _____ Date: _____

Landlord Name: _____
First M.I. Last

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804

(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



NOTICE TO LANDLORD: THIS FORM AND ACCOMPANYING INSTRUCTION SHEET SHALL BE INCLUDED WITH ANY NOTICE OF TERMINATION OF TENANCY DUE TO OWNER MOVE-IN (RMC 11.100.050(6))

INSTRUCTION SHEET ACCOMPANYING INTERIM TENANT ASSERTION OF DISABILITY, AGE, OR TERMINAL ILLNESS (RMC 11.100.050(6)(F))

Purpose: This form may be completed by a Tenant to challenge termination of tenancy due to Owner Move-In, when a Landlord seeks to recover possession of the Rental Unit in good faith for use and occupancy as a Primary Residence pursuant to RMC 11.100.050(a)(6). If the Tenant has (1) resided in the Rental Unit for at least five years and (2) is either at least 62 years old, Disabled, or certified as being terminally ill by a treating physician, the Tenant **CANNOT** be terminated on the basis of "Owner Move-In" unless the Landlord or eligible family member is also at least 62 years old, Disabled, or terminally ill.

NOTE: A Landlord may evict a Tenant who qualifies for the exemption if the Landlord or enumerated relative who will occupy the unit also meets the criteria for this exemption and no other units are available. In this case, the Tenant shall be entitled to a greater Relocation Payment amount pursuant to RMC 11.102.050(c).

Instructions: Complete this form and mail or deliver in person to the Landlord.

To contest termination of tenancy for Owner Move-In for the reasons stated above, complete the following Tenant Assertion of Disability, Age, or Terminal Illness form that is attached to this document, send it to the Landlord, and file a copy with the Rent Program either in person or mail to 440 Civic Center Plaza, Suite #200, Richmond, CA 94804 or e-mail a PDF copy to rent@ci.richmond.ca.us.

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



**INTERIM TENANT ASSERTION OF DISABILITY, AGE, OR
TERMINAL ILLNESS**
(RMC 11.100.050(6)(F))

I, _____, _____, the Tenant at
(First Name) (Last Name)

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

_____ assert the following:
City State Zip

I have resided in the above mentioned Rental Unit for at least (5) years prior to being notified that I am to be evicted from this unit;

AND

(Check all that apply)

I am 62 years of age or older (Must provide proof: i.e. Photo Identification, Passport, or Municipal ID)

OR

I am a Disabled person under the meaning of California Government Code Section 12955.3. (Must provide proof in the form of statements, records or letters from a Federal Government agency that issues or provides disability benefits)

OR

I am certified as being terminally ill by the Tenant’s treating physician. (Must provide a Certified Physician’s Note)

CONTINUED →

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



PLEASE NOTE:

Any records included with this form and submitted to the City of Richmond, Rent Board, or Rent Program may be subject to disclosure pursuant to 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.	
Tenant Signature _____	Date _____
Phone Number: _____	E-mail: _____

CONTINUED →

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804

(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



NOTICE TO LANDLORD: THIS FORM AND ACCOMPANYING INSTRUCTION SHEET SHALL BE INCLUDED WITH ANY NOTICE OF TERMINATION OF TENANCY DUE TO OWNER MOVE-IN (RMC 11.100.050(6)) OR WITHDRAWAL FROM RENTAL MARKET (RMC 11.100.050(7))

INSTRUCTION SHEET ACCOMPANYING INTERIM TENANT ASSERTION OF DISABILITY, AGE, OR PRESENCE OF MINOR CHILDREN (RMC 11.102.050(C))

Purpose: This form may be used by a Tenant to assert entitlement to additional relocation assistance when a Landlord seeks to recover possession of the Rental Unit in good faith for one of the following Just Causes for Eviction:

- Owner Move-In pursuant to RMC 11.100.050(a)(6)
- Withdrawal of the Rental Unit from the rental market pursuant to RMC 11.100.050(a)(7)

Instructions: Complete this form and mail or deliver in person to the Landlord.

To assert disability, age, or presence of minor children, complete the following Tenant Assertion of Disability, Age, or Presence of Minor Children form that is attached to this document, send it to the Landlord, and file a copy with the Rent Program either in person or mail to 440 Civic Center Plaza, Suite #200, Richmond, CA 94804 or e-mail a PDF copy to rent@ci.richmond.ca.us.

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



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

(RMC 11.102.050(C))

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 Permanent Relocation Payment for the following reason(s) (select all that apply):

- I am 62 years of age or older (Must provide proof: i.e. Photo Identification, Passport, or Municipal ID)
- I am a Disabled person under the meaning of California Government Code Section 12955.3. (Must provide proof in the form of statements, records or letters from a Federal Government agency that issues or provides disability benefits)
- There is at least one child under the age of 18 years living in this household. (Must provide proof: birth certificate and tax return with dependents claimed)
- My household is a lower income household as defined in California Health and Safety Code, section 50079.5. (Tenant must provide proof., an example of which is the Tenant's most recent tax return.)

CONTINUED →

CITY OF RICHMOND RENT PROGRAM

440 Civic Center Plaza, 2nd Floor, Richmond, CA 94804
(510) 620-6576 | www.RichmondRent.org | rent@ci.richmond.ca.us



PLEASE NOTE:

Any records included with this form and submitted to the City of Richmond, Rent Board, or Rent Program may be subject to disclosure pursuant to 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.	
Tenant Signature _____	Date _____
Phone Number: _____	E-mail: _____