

CITY OF RICHMOND RENT PROGRAM

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

(510) 234-RENT (7368) | www.RichmondRent.org | rent@ci.richmond.ca.us



INSTRUCTION SHEET ACCOMPANYING SIXTY-DAY NOTICE OF TERMINATION OF TENANCY DUE TO OWNER MOVE-IN (RMC 11.100.050(a)(6))

Purpose: The attached notices serve as guides for Landlords who are seeking to terminate a 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 required information found on these template forms (hereinafter, “forms”). Please note, the Rent Program does not guarantee the legal validity of the form entitled “Sixty-Day Notice of Termination of Tenancy Due to Owner Move-In” and “Proof of Service”. These forms are provided for informational purposes. Please consult with an attorney as to the legal sufficiency of any form you choose to serve on a Tenant.

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. The following documents must be served together and in a manner consistent with California Code of Civil Procedure Section 1162(a): 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. A template of the Termination of Tenancy notice is available below. The notice is for informational purposes and Landlords should consult with an attorney if they choose to use any form served on a Tenant. 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 form: <http://www.ci.richmond.ca.us/DocumentCenter/View/43639>.

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DISCLAIMER: The Rent Program does not guarantee the legal validity of the Notice of Termination of Tenancy form and the Proof of Service form, but rather provides these forms for informational purposes. Please consult with an attorney as to the legal sufficiency of any forms you choose to serve on a Tenant. Please visit www.richmondrent.org or call (510) 620-6576, if you have any questions or want to review Tenant and Landlord rights and obligations.

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

To Tenants and occupants in possession of the premise at:

Address: _____
Street Address *Apt/ Unit #*

City *ZIP Code*

Current Tenant Name(s): _____

Date Tenant(s) Moved In: _____

YOU ARE HEREBY NOTIFIED that, effective _____ (date) (this date must comply with state law), the tenancy by which you hold possession of the premise will be terminated. At that time, you will be required to vacate and surrender possession of the premise. This notice is being given pursuant to Richmond Municipal Code Section 11.100.050(a)(6) in order to allow the Landlord or Landlord’s spouse, children, parents, or grandparents to occupy the unit.

Rent will be due on a pro rate basis through the last day of the notice period if that day does not coincide with the end of a rental period.

Possession of aforementioned premises is sought pursuant to Richmond Municipal Code Section 11.100.050(a)(6). The basis for the eviction is the owner of record seeks to recover possession of the premise in good faith for use and occupancy as a Primary Residence by the Landlord, or the Landlord’s spouse, children, parents, or grandparents. The intended occupant to move in is/are:

Name of Family Member Moving into the Rental Unit: _____

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Family Member's Estimated Move-in Date: _____

Family Member's Current Address: _____

Relationship to Landlord: Self Child Spouse Parent Grandparent

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. (Richmond Municipal Code Section 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 (Richmond Municipal Code 11.100.050(6)(E)).

Pursuant to Richmond Municipal Code Section 11.100.050(a)(6)(A), a Landlord must be a natural person and have at least fifty (50) percent recorded ownership interest in the Property. **This notice is served in a manner consistent with Richmond Municipal Code Section 11.100.050(a)(6)(A), as the Landlord is a natural person and has a _____ percent recorded ownership interest in the premise.**

Additionally, Pursuant to Richmond Municipal Code Section 11.100.050(a)(6)(B), no eviction may take place for an "owner move-in" if the same Landlord or enumerated relative already occupies a unit on the property, or if a vacancy already exists on the property. At all times a Landlord may request a reasonable accommodation if the Landlord or enumerated relative is Disabled and another unit in Richmond is necessary to accommodate the person's disability.

Pursuant to Richmond Municipal Code Section 11.100.050(a)(6)(F), you are hereby informed that the Richmond Fair Rent, Just Cause for Eviction and Homeowner Protection Ordinance provides that a Landlord MAY NOT evict you pursuant to an "owner move-in" eviction if you have (1) resided in the Rental Unit for at least five years and you are either at least 62 years old or Disabled, or (2) you are certified as being terminally ill by your treating physician, 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.**

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TENANTS HAVE FIRST RIGHT OF REFUSAL SHOULD THE RENTAL UNIT BE RETURNED TO THE RENTAL MARKET. Pursuant to Section 11.100.050(c) of the Fair Rent, Just Cause for Eviction, and Homeowner Protection Ordinance, all Tenants displaced on the grounds of Owner Move-In pursuant to RMC 11.100.050(a)(6) shall have the first right of refusal to return to the unit if it should ever be returned to the market by the Landlord or successor Landlord. Rent shall be the Rent lawfully paid by the Tenant at the time the Landlord gave notice of basis listed in Section 11.100.050(a)(6), Richmond Municipal Code.

State law permits former tenants to reclaim abandoned personal property left at the former address of the tenant, subject to certain conditions. You may or may not be able to reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner you contact your former landlord after being notified that property belonging to you was left behind after you moved out.

Information regarding eviction is available from the City of Richmond's Rent Program. The Rent Program is located at 440 Civic Center Plaza, Suite 200, Richmond, CA. The Rent Program's telephone number is (510)-234-7368.

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

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INSTRUCTION SHEET ACCOMPANYING 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)).

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**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*

Contact: _____
Phone Number (if known) *Email address (if known)*

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 Households¹) 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.

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¹ 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) residents 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).

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Permanent Relocation Payment

Amounts shown are for calendar year 2023 and shall be adjusted annually, based on the percentage change in the Consumer Price Index (All Urban Consumers- San Francisco-Oakland-San Jose region).

Relocation Payments for Owner Move-In Evictions		
Maximum Cap Per Unit Type	Base Amount	Qualified Tenant Household Amount
Studio	\$4,177.01	\$4,852.86
1 Bedroom	\$6,449.74	\$7,431.79
2+ Bedrooms	\$8,783.46	\$10,072.94

Landlord Written Statement of Compliance:

I _____, the Landlord of the aforementioned premises, have fully complied with all the requirements set forth in 11.102.

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

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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 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). Pursuant to Richmond Municipal Code Section 11.100.050(a)(6)(F), if the Tenant has (1) resided in the Rental Unit for at least five years and is either at least 62 years old or Disabled or (2) is certified as being terminally ill by a treating physician, the Tenant's tenancy **MAY NOT** be terminated on the basis of "Owner Move-In".

NOTE: Pursuant to Richmond Municipal Code Section 11.100.050(a)(6)(F), a Landlord may evict a Tenant who qualifies for the above exemption if the Landlord or enumerated relative who will occupy the unit also meets the criteria for this exemption and no other vacant 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: Tenant, 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.

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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

(Check all that apply)

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 am 62 years of age or older

OR

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 am a Disabled person under the meaning of California Government Code Section 12955.3.

OR

I am certified as being terminally ill by the Tenant’s treating physician.

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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: _____

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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 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: Tenant, 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.

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**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
- I am a Disabled person under the meaning of California Government Code Section 12955.3.)
- There is at least one child 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:

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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: _____