

**DEPOSIT OF ADDITIONAL ELLIS ACT  
RELOCATION BENEFITS  
(RENT BOARD ACCT. # 440-0000-227-2701)**

Property address: \_\_\_\_\_

Attached is a check in the amount of \$\_\_\_\_\_ (\$5000 per unit)

Please hold these monies in escrow as relocation benefits for the lower-income, elderly or disabled tenants or households with minor children, or tenants whose tenancy began before January 1, 1999 in units:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**OPTIONAL:**

**CHALLENGE OF ELIGIBILITY TO RECEIVE  
ADDITIONAL BENEFITS**

\_\_\_ I challenge the eligibility of the tenants in the following units to receive these benefits, based on the following grounds:

Unit Number	Grounds (Please check all that apply)			
	<input type="checkbox"/> Low Income	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled	<input type="checkbox"/> Minor Children
	<input type="checkbox"/> Low Income	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled	<input type="checkbox"/> Minor Children
	<input type="checkbox"/> Low Income	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled	<input type="checkbox"/> Minor Children
	<input type="checkbox"/> Low Income	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled	<input type="checkbox"/> Minor Children

If eligibility is challenged, the deposit will be held in escrow until the Rent Board receives an agreement of the parties or a court order directing how the relocation benefits are to be distributed.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Owner**