

**CITY OF BERKELEY**  
**RENT STABILIZATION BOARD**  
2125 Milvia Street, Berkeley, CA 94704  
**TEL: (510) 981-7368 (981-RENT) TDD: (510) 981-6903 FAX: (510) 981-4940**  
**E-MAIL: rent@ci.berkeley.ca.us INTERNET: www.ci.berkeley.ca.us/rent/**

**INSTRUCTIONS FOR**  
**PETITION FOR THE DETERMINATION OF OWNER/RELATIVE MOVE-IN EVICTION**  
**RELOCATION ASSISTANCE**

**GENERAL INFORMATION**

Tenant households evicted for an owner/relative move-in (OMI) are entitled to a \$16,341 relocation payment from the landlord where at least one occupant has resided in the unit for one year or more. (Berkeley Municipal Code Sec. 13.76.130A.9.) A landlord is required to pay an additional \$5,447 to households that qualify as low-income, disabled, elderly, families with minor children, or tenancies that began prior to 1999.

Within 10 days of serving an OMI eviction notice on the tenant, the landlord must deposit the standard relocation payment with the Rent Stabilization Board (Rent Board). The funds will be released to the tenant within 10 days of the deposit, unless the landlord challenges the tenant's eligibility by notifying the Rent Board.

To be eligible for the additional relocation payment, the tenant must notify the landlord and the Rent Board of the basis for their eligibility within 30 days of the filing of the OMI notice. The landlord must then deposit the additional amount with the Rent Board within 10 days of the tenant's notice of eligibility. The Rent Board will then release the funds within the next 10 days, unless the landlord challenges the tenant's claim.

The Rent Board hears and decides petitions regarding disputed claims for OMI relocation payments. Either a tenant or a landlord may file the petition.

Before filing this petition, you may find it helpful to review the Rent Ordinance. Copies of the Ordinance and this packet are available at the Rent Board's Office and on the internet at <http://www.ci.berkeley.ca.us/rent>. Rent Board counselors are available to answer questions about the petition process, in person or by telephone at the number listed above, Mondays, Tuesdays, Thursdays and Fridays from 9:00 a.m. to 4:45 p.m., and Wednesdays from noon to 6:30 p.m.

**FILING THE PETITION**

To obtain a determination of a tenant's right to an OMI relocation payment, you must mail or bring the following items to the above address:

1. A completed and signed petition;
2. A copy of any supporting documentation;
3. A proof of service stating that **all** other parties who dispute your claim were served a copy of the petition and any supporting documentation either by first-class mail to all known addresses or in person. **Failure to serve a copy of the petition on all opposing parties may delay resolution of the petition.**

**AFTER THE PETITION IS FILED**

Upon receipt of the petition, the Rent Board will schedule a settlement conference and hearing to be held before a hearing examiner. Notice of the time, date, and place of the hearing with instructions will be mailed to all the parties no later than ten days before the scheduled date of the hearing. A determination regarding the petitioner's claim must be supported by a preponderance of the evidence presented to the hearing examiner. After the hearing, a written decision will be mailed to all the parties.

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**PETITION NO. RA-**\_\_\_\_\_

**PETITION FOR DETERMINATION OF OWNER/RELATIVE MOVE-IN EVICTION  
RELOCATION ASSISTANCE**

**A. Property Address:** \_\_\_\_\_ Unit No. \_\_\_\_\_

**B. Petitioner's Information:**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Check one:       I am the landlord of the rental unit listed above.

I am a tenant in the rental unit listed above.

**C. Opposing Party's Information:**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Attach a copy of 1) all documents submitted to the Rent Board regarding the owner/relative move-in relocation payment and 2) all documents in support of your claim that the tenant household is or is not entitled to the standard or additional relocation payments.

**D. Claim Regarding Standard Payment Relocation:**

The tenant  is  is not entitled to the standard payment relocation for the following reasons:

The tenant household  does  does not include an occupant who has resided in the rental unit for at least one year: \_\_\_\_\_

Other reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Claim Regarding Additional Payment Relocation:**

The tenant  is  is not entitled to the additional payment relocation for the following reasons:

The annual income of the tenant household  is less than  is more than the following:

Number of Household Members							
1	2	3	4	5	6	7	8
\$73,100	\$83,550	\$94,000	\$104,400	\$112,800	\$121,150	\$129,500	\$137,850

The tenant household  does  does not include a disabled occupant. A person is “disabled” if s/he has a physical or mental impairment that limits one or more of a person’s major life activities as defined under the California Fair Housing and Employment Act (Government Code § 12926).: \_\_\_\_\_  
\_\_\_\_\_

The tenant household  does  does not include an elderly occupant (60 years of age or older): \_\_\_\_\_

The tenant household  does  does not include a minor child (under 18 years of age: \_\_\_\_\_  
\_\_\_\_\_

The tenancy  did  did not begin prior to January 1, 1999: \_\_\_\_\_

Other reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Certification: I declare under penalty of perjury under the laws of the State of California that the information stated above, and in any attachments, is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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**PROOF OF SERVICE**

I AM A RESIDENT OF \_\_\_\_\_ COUNTY AND WAS, AT THE TIME OF SERVICE, OVER EIGHTEEN YEARS OF AGE. ON \_\_\_\_\_ (DATE), I SERVED ONE COPY OF THE FOLLOWING DOCUMENT(S): \_\_\_\_\_

BY: (CHECK APPROPRIATE BOX)

**DELIVERING THE DOCUMENTS IN PERSON TO THE FOLLOWING INDIVIDUAL(S):**  
[PRINT NAME OF EACH PARTY SERVED:]

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**PLACING THE DOCUMENTS, ENCLOSED IN A SEALED ENVELOPE WITH FIRST-CLASS POSTAGE FULLY PAID, INTO A U.S. POSTAL SERVICE MAILBOX, ADDRESSED AS FOLLOWS:**  
[PRINT NAME AND ADDRESS AS SHOWN ON ENVELOPE OF EACH PARTY SERVED:]

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**I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINTED NAME)