

DEPOSIT OF OWNER MOVE-IN RELOCATION BENEFITS

AND

CHALLENGE OF ELIGIBILITY TO RECEIVE BENEFITS

(RENT BOARD ACCT. # 440-0000-227-2702)

Attached is a check in the amount of \$15,000.00.

Please deposit these monies into an escrow account as relocation benefits for the tenants in unit:

_____.

Optional:

_____ No tenant in this household has resided in the unit for at least one year. I hereby challenge the eligibility of this household to receive relocation benefits.

Date:

Owner