

**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  
EMAIL: [rent@berkeleyca.gov](mailto:rent@berkeleyca.gov) WEBSITE: [rentboard.berkeleyca.gov](http://rentboard.berkeleyca.gov)

**INSTRUCTIONS FOR  
PETITION FOR THE DETERMINATION OF  
OWNER/RELATIVE MOVE-IN OR ELLIS ACT EVICTION  
RELOCATION ASSISTANCE  
REGULATION 1383**

**GENERAL INFORMATION**

Tenant households evicted for an owner/relative move-in (OMI) or pursuant to the Ellis Act are entitled to a \$18,533 relocation payment from the landlord where at least one occupant has resided in the unit for one year or more. (Berkeley Municipal Code (B.M.C.) Sections 13.76.130A.9 for OMI evictions and 13.77.055.D.2 for Ellis Act evictions.) A landlord is required to pay an additional \$6,177 to households that qualify as low-income, disabled, elderly, families with minor children, or tenancies that began prior to 1999.

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

Before filing this petition, you may find it helpful to review the applicable laws cited above and Rent Board Regulation 1383, which may be found on the internet at <http://www.cityofberkeley.info/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 or Ellis Act relocation payment, you must mail, email, 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 a) by first-class mail to all known addresses, b) in person, or c) by email. **Failure to serve a copy of the petition on all opposing parties may delay resolution of the petition.**

**AFTER THE PETITION IS FILED**

Petitions filed under this section shall be expedited so that a hearing on the petition is held within 30 days of an acceptable filing and a written decision is sent to the parties within 30 days of the hearing. Notice of the time, date, and place of the hearing with instructions will be sent to all the parties no later than 15 days before the scheduled date of the hearing.

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

**PETITION FOR THE DETERMINATION OF OWNER/RELATIVE MOVE-IN OR ELLIS ACT  
EVICTON RELOCATION ASSISTANCE**

**A. Type of Eviction (check one):**

- Owner/Relative Move-In  
 Ellis Act

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

**C. 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.

**D. 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 or Ellis Act 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.

**E. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. 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
\$78,550	\$89,750	\$100,950	\$112,150	\$121,150	\$130,100	\$139,100	\$148,050

- 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. 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 \_\_\_\_\_

**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:]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)