



**CITY OF OAKLAND**  
**RENT ADJUSTMENT PROGRAM**  
 250 Frank H. Ogawa Plaza, Suite 5313  
 Oakland, CA 94612-0243

TEL (510) 238-3721  
 FAX (510) 238-6181  
 TDD (510) 238-3254

**Owner's Pre-Move Out Disclosure Certification Form**

The owner must provide this form to the Rent Adjustment Program prior to commencing Move Out Negotiations.

<b>Owner's Name</b>	<b>Telephone</b>
<b>Owner's Mailing Address</b>	<b>E-mail</b>

(a) The owner intends to enter into Move Out Negotiations to recover possession of the rental unit located at:

Oakland, CA

---

Street Number	Street Name	Unit Number	Zip Code
---------------	-------------	-------------	----------

(b) A list of all dates on which the Owner initiated other Move Out Negotiations with any current or prior Tenants at the property and the Rental Units occupied by each Tenant, completed to the best of the Owner's recollection and knowledge.

Date of Move Out Negotiation	Unit Number

I certify that I have provided each Tenant with the disclosure form required by the Tenant Move Out Agreement Ordinance.

---

Owner's Name And Owner's Representative, if Applicable	Date the owner provided tenant with the disclosure form
--	---

\_\_\_\_\_  
 Owner's or Representative's Signature