



**CITY OF OAKLAND**  
**RENT ADJUSTMENT PROGRAM**

250 Frank H. Ogawa Plaza, Suite 5313  
Oakland, CA 94612-0243  
(510) 238-3721  
CA Relay Service 711  
[www.oaklandca.gov/RAP](http://www.oaklandca.gov/RAP)

For Rent Adjustment Program date stamp.

## PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS

**Please fill out this form as completely as you can.** Property owners and tenants may use this form to petition the Rent Adjustment Program ("RAP") for a hearing to address a tenant's claim of "protected status" as elderly, disabled, or catastrophically ill for purposes of protection under the Just Cause for Eviction Ordinance. See Oakland Municipal Code ("O.M.C.") Section 8.22.360 (A)(9) and the corresponding Regulations. NOTE: Both the property owner and tenant must agree to have the claim heard by RAP in order for RAP to have jurisdiction. See the last pages of this Petition packet ("Important Information Regarding Filing Your Petition") or the RAP website for more information. **CONTACT A HOUSING COUNSELOR TO REVIEW YOUR PETITION BEFORE SUBMITTING.** To make an appointment email [RAP@oaklandca.gov](mailto:RAP@oaklandca.gov).

### Rental Unit Information

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Unit Number \_\_\_\_\_ Oakland, CA \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of unit (check one):  
 Single family home  
 Condominium  
 Apartment, room, or live-work

Number of units on property: \_\_\_\_\_  
Date tenant moved into unit: \_\_\_\_\_

### Tenant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Owner Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company/LLC/LP (if applicable): \_\_\_\_\_

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

Primary Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative for Petitioner** (Check one):  No Representative  Attorney  Non-attorney

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Firm/Organization (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## CLAIM OF PROTECTED STATUS

**Complete the chart below by providing all information requested.** *If you are the tenant, complete questions 1-5 only. If you are the property owner, complete all questions below. You may, but are not required to, provide an additional explanation of any your answers by attaching a separate sheet and submitting it together with your Petition.*

<b>1.</b>	Petition submitted on behalf of: <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT			
<b>2.</b>	On what basis does the tenant claim protected status?	<input type="checkbox"/> Aged 60+	<input type="checkbox"/> Disabled	<input type="checkbox"/> Catastrophically ill
<b>3.</b>	Has the tenant resided in the unit for at least 5 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4.</b>	Has the tenant submitted a statement with supporting evidence of protected status to the property owner?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5.</b>	If the answer to question 4, above, is "Yes," what documentation was submitted? <input type="checkbox"/> Driver's license, DMV identity card, or birth certificate <input type="checkbox"/> Social security or workers' compensation documentation <input type="checkbox"/> Statement from health care provider <i>(includes mental health care professional)</i> <input type="checkbox"/> Other: _____			

### TO BE COMPLETED BY PROPERTY OWNER ONLY

<b>6.</b>	Do you or your relative who seeks to occupy the unit also claim protected status? <i>(If "Yes," answer 6a-6c below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6a.</b>	Person claiming protected status: <input type="checkbox"/> Self <input type="checkbox"/> Relative <i>(state relation)</i> : _____		
<b>6b.</b>	Do you claim that all other rental units that you own are occupied by tenants who also qualify for protected status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6c.</b>	Total number of properties owned: _____ Total number of rental units in all properties: _____		
<b>7.</b>	Do you seek a determination of tenant protected status because you are selling the property? <i>(If "Yes," answer 7a-7d below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7a.</b>	Have you accepted an offer from a purchaser and the offer is contingent on the availability of a unit to owner-occupy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7b.</b>	Does the property contain six or fewer units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7c.</b>	If the property contains more than six units, do you claim that the tenant's unit is unique?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7d.</b>	If the answer to <b>7c.</b> is "Yes," explain why you believe the unit is unique: _____		

## PROPERTY OWNER FILING REQUIREMENTS

*If you are the property owner, you must be current on the following requirements and submit supporting documentation of compliance in order to submit a Petition. Owner Petitions that are submitted without proof of compliance with the below requirements will be considered incomplete. If you are a tenant, proceed to the next section ("VERIFICATION").*

Requirement	Documentation
<input type="checkbox"/> Current Oakland business license	Attach proof of payment of your most recent Oakland business license.
<input type="checkbox"/> Payment of Rent Adjustment Program service fee ("RAP Fee") or evidence of exemption from the RAP Fee	Attach proof of payment of the current year's RAP Fee for the subject property or evidence of exemption from the RAP Fee (e.g., Certificate of Occupancy).
<input type="checkbox"/> Service of the required City form entitled "NOTICE TO TENANTS OF THE RESIDENTIAL RENT ADJUSTMENT PROGRAM" ("RAP Notice") on all tenants*  <i>*Exception for units not covered by the Residential Rent Adjustment Program</i>	Attach a signed and dated copy of the <u>first</u> RAP Notice provided to the tenant(s) subject to this Petition or check the appropriate box below. <ul style="list-style-type: none"> <li><input type="checkbox"/> I first provided tenant(s) with the RAP Notice on (date): _____.</li> <li><input type="checkbox"/> I have never provided a RAP Notice.</li> <li><input type="checkbox"/> I do not know if a RAP Notice was ever provided.</li> <li><input type="checkbox"/> I believe the unit is exempt from the Residential Rent Adjustment Program.</li> </ul>
Evidence of registration for all affected cover units (check one of the following boxes)	To support this declaration, I am providing:
<input type="checkbox"/> On _____, I/we used all reasonable diligence in preparing my annual registration statement, reviewed it and submitted it to the Rent Adjustment Program, and, to the best of my knowledge, the information contained in the statement was true and complete. To the extent I was unable, despite the use of reasonable diligence, to ascertain the exact information to be reported, I provided the most accurate approximation possible based on information and belief where possible or, where such approximation was not feasible, I stated that the information was unknown.	<input type="checkbox"/> If property not registered online: Copy of the Property Registration and Residential Unit Registration forms submitted to RAP for the affected covered unit in the building.
<input type="checkbox"/> The subject property is exempt from the registration requirement	<input type="checkbox"/> If property registered online: Copy of a document containing the registration data related to property registration and residential unit registration of the affected covered unit since the registration was done online.
	<b>OR</b>
	Declaration of Exemption:
	<input type="checkbox"/> The residential property involved in this petition matter is not covered by either the city's Rent Adjustment Ordinance or the Just Cause Ordinance. Thus, the subject unit(s) are not subject to the registration requirements under the Oakland Municipal Code, Section 8.22.090.B.1.c.ii.

## VERIFICATION

*(Required)*

*I declare under penalty of perjury pursuant to the laws of the State of California that everything I said in this Petition is true and that all of the documents attached to the Petition are true copies of the originals.*

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

## CONSENT TO ELECTRONIC SERVICE

*(Highly Recommended)*

Check the box below if you agree to have RAP staff and the OTHER PARTY/IES send you documents related to your case electronically. If you agree to electronic service, the RAP and other parties may send certain documents (except a response to a petition) only electronically and not by first class mail.

- I/We consent to receiving notices and documents in this matter from the RAP and from the OTHER PARTY/IES electronically at the email address(es) provided in this petition.**

### INTERPRETATION SERVICES

If English is not your primary language, you have the right to an interpreter in your primary language at the Rent Adjustment hearing. You can request an interpreter by completing this section.

- I request an interpreter fluent in the following language at my Rent Adjustment proceeding:**

- Spanish (Español)  
 Cantonese (廣東話)  
 Mandarin (普通話)  
 Other: \_\_\_\_\_

***-END OF PETITION-***



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## **NOTICE OF PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS**

### **ATTENTION: IMPORTANT INFORMATION BELOW**

If you are receiving this NOTICE together with a completed PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS form, it means that the owner or tenant of your rental unit has filed a petition with the Oakland Rent Adjustment Program (“RAP”) (commonly referred to as the “Rent Board”) requesting a hearing to address the tenant’s claim of protected status as elderly, disabled, or catastrophically ill for purposes of protection under the Just Cause for Eviction Ordinance.

- **NOTE: PARTICIPATION IN THIS HEARING PROCESS IS VOLUNTARY. RAP WILL ONLY SCHEDULE A HEARING AND HAVE JURISDICTION TO ADDRESS THE CLAIM IF BOTH PARTIES AGREE.**
- **IF YOU DO NOT WISH TO HAVE THIS CLAIM ADDRESSED BY RAP, NO FURTHER ACTION IS REQUIRED, AND NO HEARING WILL BE SCHEDULED.**
- **IF YOU AGREE TO HAVE THIS CLAIM ADDRESSED IN A RAP HEARING, YOU MUST FILE A RESPONSE TO THE PETITION WITHIN 35 CALENDAR DAYS AFTER THE PETITION WAS MAILED TO YOU (30 DAYS IF DELIVERED IN-PERSON).\***
- **TO RESPOND:**
  - 1) **Complete** and sign a **RESPONSE TO PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS** form found on the RAP website.
  - 2) **Complete** a **PROOF OF SERVICE (POS)** form (included with the **RESPONSE** form and also available as a stand-alone document on the RAP website) and provide an unsigned copy of the POS to the other party together with a copy of your signed **RESPONSE** form.
  - 3) **Submit** your signed **RESPONSE** and completed and signed **PROOF OF SERVICE** to RAP via email or mail. Your **RESPONSE** will not be considered complete until a **PROOF OF SERVICE** is filed indicating that the other party has been served with a copy.

**FOR ASSISTANCE:** Contact a RAP Housing Counselor at (510) 238-3721 or by email at [RAP@oaklandca.gov](mailto:RAP@oaklandca.gov). Additional information is also available on the RAP website and in the RESPONSE form.

*\*If you do not file a Response within the time limit for filing, RAP will assume that you do not agree to have this claim addressed by RAP.*



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## PROOF OF SERVICE

**NOTE: YOU ARE REQUIRED TO SERVE A COPY OF YOUR PETITION (PLUS ANY ATTACHMENTS) ON THE OTHER PARTY PRIOR TO FILING YOUR PETITION WITH RAP.**

**You must include a copy of the form "NOTICE OF PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS" (the preceding page of this Petition packet) and a completed copy of this PROOF OF SERVICE form together with your Petition.**

- 1) Use this PROOF OF SERVICE form to indicate the date and manner of service and the person(s) served.
- 2) **NOTE:** Email is not a form of allowable service on a party of a petition or response pursuant to the Ordinance.
- 3) Provide a completed and unsigned copy of this PROOF OF SERVICE form to the person(s) being served together with the documents being served.
- 4) File a completed and signed copy of this PROOF OF SERVICE form with RAP together with your signed Petition. Your Petition will not be considered complete until this form has been filed indicating that service has occurred.

On the following date: \_\_\_/\_\_\_/\_\_\_ I served a copy of (check all that apply):

- PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS** plus \_\_\_ attached pages (number of pages attached to Petition not counting the Petition form, the NOTICE OF PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS, or this PROOF OF SERVICE)
- NOTICE OF PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS**
- Other: \_\_\_\_\_

by the following means (check one):

- First-Class Mail.** I enclosed the document(s) in a sealed envelope or package addressed to the person(s) listed below and at the address(es) below and deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.
- Personal Service.** I personally delivered the document(s) to the person(s) at the address(es) listed below or I left the document(s) at the address(es) with some person not younger than 18 years of age.

**PERSON(S) SERVED:**

Name	
Address	
City, State, Zip	

Name	
Address	
City, State, Zip	

Name	
Address	
City, State, Zip	

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_

PRINTED NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE SIGNED

# IMPORTANT INFORMATION REGARDING FILING YOUR PETITION

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## CONTACT A HOUSING COUNSELOR TO REVIEW YOUR PETITION BEFORE SUBMITTING

To make an appointment, email [RAP@oaklandca.gov](mailto:RAP@oaklandca.gov) or call (510) 238-3721. Although the Housing Resource Center is temporarily closed for drop-in services, assistance is available by email or telephone.

## SERVICE ON TENANT/PROPERTY OWNER

You are required to serve ALL the following documents on the other party affected by your Petition:

1. Copy of RAP form entitled "NOTICE OF PETITION FOR DETERMINATION OF TENANT PROTECTED STATUS" (*included in this Petition packet and available on RAP website*).
2. Copy of completed Petition form and any attachments.
3. Completed PROOF OF SERVICE form (*included in this Petition packet and available on RAP website*).

You may serve the other party by mail or personal delivery. A copy of the completed PROOF OF SERVICE form must be submitted to RAP together with your Petition. Your Petition will not be considered complete until a PROOF OF SERVICE form is filed indicating that the other party has been served.

## DOCUMENTS SUBMITTED IN SUPPORT OF PETITION

All attachments submitted together with your Petition must be numbered sequentially. You may submit additional evidence in support of your Petition up to seven days before your hearing. You must serve a copy of any documents filed with RAP on the other party and file a PROOF OF SERVICE form.

**REMINDER:** Once a petition and its attachments are submitted to the RAP they become public records. Please redact any private information (such as social security numbers, bank account numbers, credit card numbers and similar financial data) from the documents you submit as part of this petition. If you have any questions, you may contact RAP staff by phone at (510) 238-3721 or by email at [RAP@oaklandca.gov](mailto:RAP@oaklandca.gov).

Additionally, all documents submitted to the RAP, including but not limited to emails, petitions, attachments, potential evidence, text messages, screenshots, etc., are a part of the file in your case and all parties to a case are entitled to have access to this information.

## FILING YOUR PETITION

Although RAP normally does not accept filings by email or fax, RAP is temporarily accepting Petitions via email during the COVID-19 local state of emergency. You may also deliver the Petition to the RAP office by mail. If the RAP office is closed on the last day to file, the time to file is extended to the next day the office is open. If you send your Petition by mail, a postmark date does not count as the date it was received. Remember to file a PROOF OF SERVICE form together with your Petition.

**Via email:** [hearingsunit@oaklandca.gov](mailto:hearingsunit@oaklandca.gov)

**Mail to:** City of Oakland  
Rent Adjustment Program  
250 Frank H. Ogawa Plaza, Ste. 5313  
Oakland, CA 94612-0243

**In person:** TEMPORARILY CLOSED  
City of Oakland



## **AGREEMENT TO ELECTRONIC SERVICE**

Except for service of a petition or a response to a petition, documents may be electronically served on you when you have agreed to receive electronic service from the Rent Adjustment Program and from the other party/parties to the case.

## **AFTER PETITION IS FILED**

Participation in the RAP hearing process for determination of tenant protected status is optional, and RAP will only have jurisdiction to address the claim of protected status if BOTH parties agree. If the other party agrees to have RAP address the claim, they must file a Response within 30 days after service of the Petition (35 days if served by mail). They must serve you with a copy of their Response form and any attachments filed with the Response. Failure by the other party to file a timely Response will be interpreted as an indication that they do not wish to participate in the RAP hearing process, and no hearing will be scheduled.

If the other party does file a timely Response form indicating that they agree to have RAP address the claim of protected status, RAP will move forward with scheduling a hearing. You will be mailed a Notice of Hearing indicating the hearing date. If you are unable to attend the hearing, contact RAP as soon as possible. The hearing will only be postponed for good cause.

## **CONFIDENTIAL NATURE OF HEARING**

Evidence of a tenant's disability or illness is deemed confidential. Hearings will not be open to the public. Records of hearings and decisions will not be considered public records for purposes of the California Public Records Act (Cal. Government Code § 6250, et seq.). The owner or their representative, agent, or attorney may not release any evidence or records or information contained in such evidence or records pertaining to the tenant's disability or illness to a person other than the parties or their representatives for the hearing.

## **FILE/DOCUMENT REVIEW**

Either party may contact RAP to review the case file and/or to request copies of any documents pertaining to the case at any time prior to the scheduled hearing.

## **FOR MORE INFORMATION**

Additional information on the RAP hearing process is located on the RAP website, in the Residential Rent Adjustment Program Ordinance and Regulations (see Oakland Municipal Code 8.22.110 *et seq.*), and in the Just Cause for Eviction Ordinance and Regulations (see Oakland Municipal Code 8.22.360(A)(9)). You may also refer to the Guide on Oakland Rental Housing Law at <https://cao-94612.s3.amazonaws.com/documents/Guide-to-Oakland-Rental-Housing-Law-1.pdf> or contact a RAP Housing Counselor with questions at any time by emailing [RAP@oaklandca.gov](mailto:RAP@oaklandca.gov) or calling (510) 238-3721.