

# DEPOSIT OF ADDITIONAL ELLIS ACT RELOCATION BENEFITS

(EPA Municipal Code §14.08.060(A))

Property address: \_\_\_\_\_

Attached is a check in the amount of \$\_\_\_\_\_ (\$3,148.04 per applicable qualifying condition)

Please hold these monies in escrow as relocation benefits for the low-income, disabled, elderly, terminally ill tenants or households with minor children in units (Add more pages if necessary.):

- |    |       |          |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |

*OPTIONAL:*

## CHALLENGE OF ELIGIBILITY TO RECEIVE ADDITIONAL BENEFITS

\_\_\_ I challenge the eligibility of the tenants in the following units to receive these benefits (Add more pages if necessary.):

- |    |       |          |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |

If eligibility is challenged, the deposit will be held in escrow until the City of East Palo Alto / Rent Stabilization Program receives an agreement of the parties or a court order directing how the deposit is to be distributed.

Date:

\_\_\_\_\_

**Owner**