City of Berkeley
REQUEST FOR RELOCATION PAYMENT FROM PROPERTY OWNER
For Temporary Relocations Lasting 30 Days or Longer

Tenant Name: _____ Date: _____

Unit Address: _____ Bedroom Size: _____

Estimated date of Move-Out: _____ Estimated period of relocation: _____

INITIAL RELOCATION PAYMENT CALCULATION

Relocation Payment	Calculation	Amount
1. **Dislocation Allowance** (fixed payment)	$400	**$400**
2. **Moving Costs**, if applicable: Either the fixed payment of $300, or reimbursement of actual costs. If requesting reimbursement, include estimate from a licensed moving company (and not to exceed rates set by Federal Highway Administration).	Include either: ❑ Fixed payment: $ 300 OR: ❑ Estimate of actual cost $_____	**$**_____
3. **Storage Costs**, if applicable: Either the fixed payment of $200 without receipts, or reimbursement of actual expenses with receipts. If requesting reimbursement, include estimate of cost provided by storage facility.	Include either: $0 if not applicable *or*: ❑ Fixed payment: $ 200 *OR:* ❑ Actual cost per month: $_____	**$**_____
4. **Rent Differential Payment**: If the monthly rent for your replacement housing is higher than your current rent, then you qualify for a rent differential payment that covers the difference, up to a ceiling based on the Rent Ceiling chart below for the bedroom size of your unit. *To calculate the payment, take the lesser of the rent for your replacement housing and the maximum rent from the chart below based on the bedroom size of your unit, and subtract your current rent. This amount will be your monthly rent differential payment.*	(A) Current rent: $_____ (B) New rent: $_____ (C) Maximum rent (from table below): $_____ **Monthly Rent Differential Payment: $**_____ Note: If period of relocation exceeds 90 days, the initial rent differential payment is for the first 90 days: monthly amount x 3 = **$**_____	**$**_____

Maximum Rent Levels for Replacement Units for 2024

Studio: $2,020	**1 BR:** $2,428	**2 BR:** $3,293	**3 BR:** $4,306

INITIAL RELOCATION PAYMENT: [Includes: 1) Dislocation Allowance, 2) Moving Costs, 3) fixed payment or one month storage cost, 4) Rent Differential for first month or for initial 90 days.]	**$**_____

Tenant's Signature: _____ **Date:** _____

Contact Information: Phone: _____ Email: _____

Mailing Address: _____