



NOTICE OF DISPLACEMENT AND RELOCATION RIGHTS TO TENANTS

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
(650) 829-6620
E-MAIL: WEB-ECD@SSF.NET

*Please select at least two forms of delivery to tenant(s)

Personal/ Hand delivery

Date: _____

USPS Mail

Email

USPS Certified Mail

Text

Other: _____

Dear Tenant:

This notice is provided pursuant to Chapter 8.70 (“Residential Tenant Relocation”) of the South San Francisco Municipal Code. You are asked to vacate your rental housing unit at _____ *(insert address)* due to a displacement event as defined by the City, and are eligible for relocation assistance payments.

Notice of Displacement

This notice is to inform you that a displacement event affecting the tenant rental unit described below occurred (or will occur) beginning on: _____ *(insert date)*

Description/ reason(s) for displacement (if repairs are necessary please describe the scope of work):

Estimated Displacement Duration

The City has determined that the anticipated displacement is as follows:

ESTIMATED RELOCATION PERIOD	
Estimated Start Date:	
Estimated Return Date:	

RELOCATION TYPE <i>(select one)</i>	
Temporary (29 days or less):	<input type="checkbox"/>
Permanent (30 days or more):	<input type="checkbox"/>

If there are any changes to the estimated relocation period, an additional notice will be provided by the landlord.

Tenant Information

Please provide information regarding your rental unit and current contact information to ensure timely communication during your displacement.

RENTAL UNIT INFORMATION <i>(Please complete)</i>			
Rental Unit Address:			
Number of Bedrooms:		Date of Lease:	
Monthly Rent:		Household Size:	
TENANT CONTACT INFORMATION			
Name:			
Email:			
Phone Number:			

Displaced Tenant's Rights

Relocation Assistance Payments

You are eligible for relocation assistance as described in SSFMC 8.70 of the Municipal Code in one of the following options (*select one*):

- Temporary relocation per diem payments set by City Council. Payments shall be paid within 24 hours to the tenants (or 20 days prior to the vacation date set); or
- Permanent relocation assistance set by City Council. Payments shall be paid within 24 hours after notice to vacate is posted and mailed (or 10 days prior to the vacation date set); or
- Comparable housing in lieu of monetary assistance, you may elect to accept comparable replacement housing provided in accordance with Chapter 8.70.

Form of Payment

Tenant has the decision in selecting form of payment (i.e. check, cash, Zelle, etc.).

Immediate Vacation Fee

If you were notified less than 30 days to vacate your unit as a result of a displacement event, you are eligible for an additional Immediate Vacation fee of \$1,000.

Right to Reoccupy

In addition to your right of relocation assistance, you have the right to reoccupy your rental unit once the unit is rendered habitable under the same terms and conditions that applied to the tenancy prior to the displacement.

You will be notified in writing when the unit is ready for reoccupancy.

Copy of SSFMC Chapter 8.70

Along with this notice, you are being provided with a copy of the Residential Tenant Relocation Ordinance ([SSFMC Chapter 8.70](#)).

City Contact Information

A copy of this notice has been provided to the City as required by SSFMC Chapter 8.70. If you have any questions, please contact the Housing Division:

Phone: (650) 829-6620

Email: housing@ssfca.gov

Address: City Hall, 400 Grand Avenue, South San Francisco

Landlord Signature: _____

Date: _____

Acknowledgement of Receipt by Tenant:

Tenant Signature: _____

Date: _____

Additional Tenant Contact Information you wish to provide (if needed):

ADDITIONAL TENANT CONTACT INFORMATION	
Name:	
Email:	
Phone Number:	
ADDITIONAL TENANT CONTACT INFORMATION	
Name:	
Email:	
Phone Number:	