



# F - Relocation Counseling Report

This form is for the relocation specialist to use to determine base and qualified assistance for tenant(s) on Form B Notice to Tenant of Intention to Withdraw Rental Units from the Rental Market.

**Relocation Specialist:** \_\_\_\_\_

**Assessor's Parcel Number(s) (APN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Property Address:** \_\_\_\_\_  
(Street Number) (Street Name) (Unit #)

**Owner Information:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

**Tenant Information:** (If additional space is required use reverse side of this form)

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street Number) (Street Name) (Unit #)  
Email: \_\_\_\_\_

Refund of Security Deposit (SJMC 17.23.1150 (A) (3)): Yes  If yes, amount \$ \_\_\_\_\_ No

Qualified Assistance Tenant Household\*:

- 62 Years or Older
- Disabled
- Terminally or Catastrophically Ill
- Child Under the Age of 18 (Enrolled K-12)
- Low Income Tenant

**NOTICE:** Acceptance of fees shall not constitute approval by the City of the applicant's compliance with the tenant relocation assistance provisions of the City of San José Apartment Rent Ordinance or other legal requirements. Fees shall be non-refundable.

<b>Office Use Only</b>			
APPROVED _____	DATE _____	COMMENTS: _____	
DENIED _____	DATE _____	_____	
ENTERED _____	DATE _____	AMOUNT PAID: _____	CHECK NO. _____

\* **Qualified Assistance Tenant Household:** 62 years or older, disabled, households with minor dependent(s), terminally ill or low income.

**Additional Tenant Information:**

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number) (Street Name) (Unit #)

Email: \_\_\_\_\_

Qualified Assistance Tenant Household\*:

- 62 Years or Older
- Disabled
- Terminally or Catastrophically Ill
- Child Under the Age of 18 (Enrolled K-12)
- Low Income Tenant

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Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

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Address: \_\_\_\_\_  
(Street Number) (Street Name) (Unit #)

Email: \_\_\_\_\_

Qualified Assistance Tenant Household\*:

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Address: \_\_\_\_\_  
(Street Number) (Street Name) (Unit #)

Email: \_\_\_\_\_

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