

Rent Program

P. O. Box 5007, Antioch, CA 94531-5007 Telephone: (925) 779-7017 Email: Rentprogram@antiochca.gov

NOTICE OF ENTITLEMENT TO EXTENSION OF TIME TERMINATING TENANCY TO ONE YEAR BASED ON DISABILITY OR AGE

City of Antioch Tenant Eviction Protection Ordinance No. 2240-C-S Chapter 6 to Title 11 of the Antioch Municipal Code Relating to Tenant Eviction Protections

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

To:	
(Owner(s) name)	
Tonant Namo(c):	
Tenant Name(s):	
Property Address:	
I am entitled to an extension of one (1) year of the 120-Day unit from the rental market. because:	Notice of Intent to Withdraw of my rental
() I have lived in this rental unit for at least one (1) year be delivered to the Rent Program.	fore the date the Withdrawal Notice was
And	
() I am disabled (as defined by the Government Code sec	tions 12955.33 and 12926)
And/or	
() I am sixty-two (62) years of age or older	
Signature of tenant	 Date

Section 11-6.04(A)(2)(d)(10); tenant to provide written notice of their entitlement to an extension to the landlord within sixty days (60) of the date of delivery to the city of the notice to withdraw.

Make sure to attach supporting documentation.

