

## Notice of Relocation Payment Form

A Landlord must provide notice to the Portland Housing Bureau of all payments of Relocation Assistance within 30 days of making such payment to a Tenant in accordance with Portland City Code 30.01.085.E.

**Directions:** Please complete prompts 1-4 of this form. PHB staff can assist with Relocation Assistance questions *Monday, Wednesday, and Friday* from 9-11 am, and 12-4 pm. To receive assistance with your application, call, or visit the PHB during those times. Complete Applications can be submitted at any time via mail, webform, email, or in person.

### 1. Please provide information on the Dwelling Unit for which you paid Relocation Assistance to a Tenant:

<i>Rental Dwelling Unit Information</i>				
Street Address:		Apartment/Unit#:		
City:		State:		ZIP:

### 2. Please provide information on the party making the Relocation Assistance payment:

<i>Applicant Information (will be point of contact)</i>				
Applicant Name:				
Select One:	<input type="checkbox"/> Owner	<input type="checkbox"/> Property Manager	<input type="checkbox"/> Both	
Street Address:		Apartment/Unit#:		
City:		State:		ZIP:
Mailing Address:		Apartment/Unit#:		
City:		State:		ZIP:
Primary Phone:		Email:		

### 3. Please provide information on the ownership structure for the Dwelling Unit for which you paid Relocation Assistance to a Tenant:

<i>Ownership Information</i>	
Select One:	<input type="checkbox"/> Owned by a natural person  <input type="checkbox"/> Owned by a business entity  Please indicate what type and name of entity Type (example- LLC): _____  Name: _____

**4. Please provide the basis on which you made the Relocation Assistance Payment:**

<i>Payment Trigger</i>			
Select One:	<input type="checkbox"/> No Cause Eviction	<input type="checkbox"/> Rent Increase of 10% or More	<input type="checkbox"/> Decline to renew or replace an expiring Rental Agreement on substantially the same terms

**5. Please provide the bedroom count of the unit:**

<i>Unit Size</i>				
Select One:	<input type="checkbox"/> Studio or SRO	<input type="checkbox"/> One-Bedroom	<input type="checkbox"/> Two-Bedroom	<input type="checkbox"/> Three-Bedroom or larger

*Disclaimer: The receipt and acknowledgement of relocation payment to the Portland Housing Bureau or the Rental Services Office does not constitute verification that the Dwelling Unit, or the Applicant, is in compliance with other applicable federal, state, and local laws.*

Applications will be processed through the Housing Bureau. PHB staff can assist with Relocation Assistance questions **Monday, Wednesday, and Friday** from **9-11 am**, and **12-4 pm**. To receive assistance with your application, call, or visit the PHB during those times. Complete Applications with required supporting documentation can be submitted at any time via mail, webform, email, or in person.

Portland Housing Bureau  
421 SW 6<sup>th</sup> Ave, Suite 500  
Portland, OR 97204  
(503) 823-1303

[RentalServices@portlandoregon.gov](mailto:RentalServices@portlandoregon.gov)

**Form Certification**

I hereby certify that the above information, to the best of my knowledge, is true and complete. I understand that I must inform the Portland Housing Bureau immediately and in writing of any changes. I understand that a Landlord that fails to comply with any of the requirements set forth in PCC 30.01.085 shall be liable to the Tenant for an amount up to 3 times the monthly Rent as well as actual damages, Relocation Assistance, reasonable attorney fees and costs.

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_