UNIT:



Rental Services Helpdesk Hours MON, WED, FRI 9-11 am 1-4 pm

NOTICE OF RELOCATION PAYMENT (NRP) FORM

PCC 30.01.085 (E): "A Landlord shall provide notice to the Portland Housing Bureau (PHB) of all payments to Tenants of Relocation Assistance within 30 days of making such payments."

DIRECTIONS:

RENTAL ADDRESS:

Please complete prompts 1-5 and then sign and date this form. RSO staff can provide general information about Portland City Code 30.01.085 and technical assistance with completing this form. Completed NRP Forms may be submitted via U.S.P.S., e-mail, web-form, or in person. *No supporting documentation is required*. Please do not include documentation or information that is not required by this form.

1. What is the street address of the rented Dwelling Unit?

CITY:	STATE:	ZIPCODE:		
2. Who made the Relocation Assistance Payn	ment?			
NAME:				
MAILING ADDRESS:		UNIT:		
CITY:	STATE:	ZIPCODE:		
PHONE:		E-MAIL:		
 3. Which of the following best describes the ownership of the rented Dwelling Unit? (SELECT ONLY ONE) The Dwelling unit is owned by a Natural Person (a human being as opposed to a entity created by an operation of law.) The Dwelling unit is owned by a trust Name of the owning trust: The Dwelling unit is owned by a business entity (e.g., LLC) Name of the owning business: 				



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4. Please select the basis on which basis on which Mandatory Renter Relocation Assistance was made (SELECT ONLY ONE)

- O Notice of Termination Without Cause during the first 12 months of the tenant's occupancy *or* Notice of Termination Without Cause, Landlord lives on site.
- O Notice of Non-renewal/Not Converting, as allowed under ORS 90.427 (7) or decline to renew rental agreement on substantially the same terms.
- O Rent increase(s) totaling 10% or more within a 12-month period.
- O Qualified Landlord Reason ORS 90.427 (5)(a): Unit to be demolished or *permanently* converted to non-residential use.
- O Qualified Landlord Reason ORS 90.427 (5)(b): Renovations or repairs to Dwelling Unit, unit is or will be unsafe or unfit to occupy
- O Qualified Landlord Reason ORS 90.427 (5)(c): landlord or landlord's immediate family member to occupy unit.
- O Qualified Landlord Reason ORS 90.427(5)(d): Sell of Dwelling Unit to a buyer who intends to occupy the unit *and* tenant was provided with written evidence of purchase offer.

5. Please select the associated bedroom count and payment amount (SELECT ONLY ONE):

0	Studio or Single-Room Occupancy (\$2,900)
0	One-bedroom (\$3,300)
0	Two-bedroom (\$4,200)
0	Three or more bedroom (\$4,500)

Disclaimer: Submission of a Notice of Relocation Payment form to the Portland Housing Bureau, and/or acknowledgment of receipt of this form by Portland Housing Bureau, does not constitute verification that payment was made or verification that the Dwelling Unit and/or the landlord are/is in full compliance with other applicable federal, state or local laws.

I hereby certify that the information provide in this form is, to the best of my knowledge, current, true and complete. I understand that I must inform Portland Housing Bureau immediately and in writing of any changes. I understand that a landlord who fails to comply with any of the requirements set forth 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.

Signature:	Date signed:
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