CITY OF PORTLAND, OREGON
RELOCATION ASSISTANCE PAYMENT RECEIPT

MULTIFAMILY NW
The Association Promoting Quality Rental Housing

EQUAL HOUSING OPPORTUNITY

DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____ _____

_____ _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SAMPLE

Resident(s) hereby acknowledge receipt from Owner/Agent of the following Relocation Assistance payment: $___SAMPLE___

The Relocation Assistance was paid because: SAMPLE

[X] Owner/Agent terminated the tenancy without cause

[X] Owner/Agent increased the Rent by 10% or more in a rolling 12 month period and the effective date of the Rent increase is _____SAMPLE_____. The Relocation Period (defined below) expires 6 months after the Rent effective date.

If the Relocation Assistance was paid because of an increase in Rent, Resident shall have 6 months from the effective date of the Rent increase (the "Relocation Period") to either: (i) pay back the Relocation Assistance and remain in the Dwelling Unit and, subject to the Residential Landlord Tenant Act (the "Act"), shall be obligated to pay the increased Rent in accordance with the Increase Notice for the duration of Resident's occupancy of the Dwelling Unit; or (ii) provide Owner/Agent with a notice to terminate the Rental Agreement in accordance with the Act (the "Termination Notice"). In the event that the Resident has not repaid the Relocation Assistance to Owner/Agent or provided Owner/Agent with the Termination Notice on or before the expiration of the Relocation Period, Resident shall be in violation of the City ordinance and the Rental Agreement.

Attach form M170 (Notice of City of Portland Renter Additional Protections).

X SAMPLE	SAMPLE	X SAMPLE	SAMPLE
RESIDENT	DATE	RESIDENT	DATE
X SAMPLE	SAMPLE	X SAMPLE	SAMPLE
RESIDENT	DATE	RESIDENT	DATE
X SAMPLE	SAMPLE	X SAMPLE	SAMPLE
RESIDENT	DATE	RESIDENT	DATE
		X SAMPLE	SAMPLE
		OWNER/AGENT	DATE

☐ ON SITE   ☐ RESIDENT   ☐ MAIN OFFICE (IF REQUIRED)