

## **Owner or Relative Occupancy Affidavit**

This form *must* be submitted to the City of Oxnard when any tenant is given a notice that their tenancy will be terminated so that the owner or an owner's qualifying relative can move into the unit from which the tenant is to be displaced.

24 months. I understand that the identified person's failure to reside in the unit for at least 24 months, and to do so as their principal place of residence, may subject me to penalties and liability both to the City and to any wrongfully displaced tenant.

I declare under the penalty of perjury under the laws of the State of California that all of the above information is true and correct.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: