



**OAKLAND
HOUSING
AUTHORITY**

INSTRUCTIONS: Ensure all copies are legible. Be specific when completing the form. Attach all supporting documents such as repair estimates, medical bills, photos, and OHA employee names. Once completed, mail or drop off the form to the Executive Office, Oakland Housing Authority, 1619 Harrison St., Oakland, CA 94612.

Client/Tenant # _____

CLAIM AGAINST THE OAKLAND HOUSING AUTHORITY

_____ Presents a claim for damages against
(Name of claimant)

the HOUSING AUTHORITY OF THE CITY OF OAKLAND in the sum of \$ _____

Claimant's Address: _____

Address of party presenting claim, if other than the above:

Date of Occurrence: _____

Place of Occurrence: _____

Said claim arises from following circumstances: _____

Description of nature and extent of damage or injuries: _____

Signature

Date

Phone