



BOARD OF SUPERVISORS

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COUNTY OF LOS ANGELES
**DEPARTMENT OF CONSUMER
AND BUSINESS AFFAIRS**

"To Enrich Lives Through Effective and Caring Service"



Joseph M. Nicchitta
Director

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Chief of Staff

Rafael Carbajal
Chief Deputy

Complete and return this form to:
COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
RENT STABILIZATION PROGRAM
500 WEST TEMPLE STREET, B-96, LOS ANGELES, CA 90012-2706

APPLICATION FOR RENT ADJUSTMENT FOR FAIR RETURN

Applicant Information		
Name:		
Phone #:	Alt. Phone #:	
Mailing Address:		
Email:	DCBA Case #:	
Authorized Representative Information <i>(if applicable)</i>		
First Name:	Phone #	
Last Name:	Email:	
Mailing Address:		
Subject Property Information		
Address:		# of Unit(s)/Spaces
City	State	ZIP
Is the property properly registered as required by Chapters 8.52 and Chapter 8.57? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant Claim <i>(choose one)</i>
<input type="checkbox"/> Landlord: The limitations on the Rent increases as set forth in the Rent Stabilization Ordinance will prevent the applicant (Landlord) from receiving a fair and reasonable return on the residential rental property.
<input type="checkbox"/> Mobilehome Park Owner: The limitations on the space rent increases as set forth in Mobilehome Rent Stabilization Ordinance will prevent the Applicant (Mobilehome Park Owner) from receiving a fair and reasonable return with respect to the operations of the Mobilehome Park.
Explanation of Claim <i>(if you believe the property or a unit is exempt from the RSO or MRSO explain here)</i>

Complete respondent information for each residential unit or mobilehome space which may be affected by the requested rent adjustment or submit a rent roll for each affected unit with which includes information requested here.

Respondent Information (Tenant/Mobilehome Owner)		
Name		Phone:
Address:		Unit or Space:
City	State	ZIP
Current Rent:	Date of Last Increase:	
Respondent Information (Tenant/Mobilehome Owner)		
Name		Phone:
Address:		Unit:
City	State	ZIP
Current Rent:	Date of Last Increase:	
Respondent Information (Tenant/Mobilehome Owner)		
Name		Phone:
Address:		Unit:
City	State	ZIP
Current Rent:	Date of Last Increase:	
Respondent Information (Tenant/Mobilehome Owner)		
Name		Phone:
Address:		Unit:
City	State	ZIP
Current Rent:	Date of Last Increase:	
Respondent Information (Tenant/Mobilehome Owner)		
Name		Phone:
Address:		Unit:
City	State	ZIP
Current Rent:	Date of Last Increase:	
Respondent Information (Tenant/Mobilehome Owner)		
Name		Phone:
Address:		Unit:
City	State	ZIP
Current Rent:	Date of Last Increase:	

You must submit the following documentation to substantiate your claim:

<input type="checkbox"/> Certificate of Occupancy or Final Building Permit for the Subject Property	
<p><u>RSO: Base Year (September 2017- August 2018)</u></p> <p><u>MRSO: Base Year (February 2017- January 2018)</u></p> <input type="checkbox"/> ALL Rental agreements/Leases demonstrating: <ul style="list-style-type: none"> • Landlords: Rents paid as of September 11, 2018 • Park Owners: Space Rents paid as of February 13, 2018 	<p><u>Application Year (12 Months Prior to Filing Date)</u></p> <input type="checkbox"/> ALL Rental agreements/Leases demonstrating current rents paid, if different from rents paid in base year
<input type="checkbox"/> Spreadsheet demonstrating actual: <ul style="list-style-type: none"> • Income: <ul style="list-style-type: none"> ○ Rents received (Rent Roll) ○ Ancillary Services (i.e., income from laundry, vending machines, etc.) • Expenses such as: <ul style="list-style-type: none"> ○ Ongoing Maintenance ○ Repairs ○ Property Taxes ○ Property Insurance ○ Utility Payments 	<input type="checkbox"/> Spreadsheet demonstrating actual: <ul style="list-style-type: none"> • Income: <ul style="list-style-type: none"> ○ Rents received (Rent Roll) ○ Ancillary Services (i.e., income from laundry, vending machines, etc.) • Expenses such as: <ul style="list-style-type: none"> ○ Ongoing Maintenance ○ Repairs ○ Property Taxes ○ Property Insurance ○ Utility Payments
<input type="checkbox"/> Documentation to substantiate claimed expenses (must demonstrate payment and relationship to the subject property) such as: <ul style="list-style-type: none"> • Bank Statements • Property Tax Statements • Property Insurance Statement • Utility Bills/Payment Summary • Paid Invoices • Cancelled Checks 	<input type="checkbox"/> Documentation to substantiate claimed expenses (must demonstrate payment and relationship to the subject property) such as: <ul style="list-style-type: none"> • Bank Statements • Property Tax Statements • Property Insurance Statement • Utility Bills/Payment Summary • Paid Invoices • Cancelled Checks
<p><i>NOTE: Please redact any personally identifiable information as documents are subject to Public Records Act requests</i></p>	
<p>In order to qualify for any rental adjustments: The property must be properly registered with the Department of Consumer and Business Affairs and the owner must not be delinquent on any fees associated with registration (Chapters 8.52 and Chapter 8.57).</p> <p>Within five (5) calendar days after submission of a Landlord's Property Owner's application for Rent Adjustment for Fair Return to the Department, the Landlord Property Owner shall serve each affected Tenant respondent with a notice of said application via personal service or certified mail, return receipt requested. The Landlord Property Owner must provide the application, with all supporting documents, reasonably available to each affected Tenant respondent that shall be provided at the Landlord's Property Owner's expense.</p> <p>Within ten (10) calendar days after service on each affected Tenant respondent, the Landlord Property Owner shall file with the Department a proof of service, signed under penalty of perjury, stating that a copy of the notice of application was served upon each affected Tenant respondent.</p> <p>Fees and costs incurred by a Landlord Property Owner for making an application for Rent Adjustment for Fair Return may not be passed on to a respondent Tenant. Such fees and costs include, but are not limited to, attorney fees, accountant fees, and other similar professional services costs.</p> <p>The Department of Consumer and Business Affairs will review a Landlord's Property Owner's application submitted to determine whether a Rent adjustment is necessary and appropriate to:</p> <ol style="list-style-type: none"> a. Ensure the Landlord Property Owner receives a fair return on the investment; and b. Not cause an undue financial burden on the affected Tenant respondent. 	
<p>Signature</p>	
<p>I have read and understand the information written on this page and my responsibilities. I know failure to submit required and/or requested documentation may result in delay or denial of my application.</p>	
<p>Print Name: _____</p>	<p>Phone: _____</p>
<p>Sign Name: _____</p>	<p>Date: _____</p>