

BOARD OF SUPERVISORS

Hilda L. Solis Mark Ridley-Thomas Sheila Kuehl Janice Hahn

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COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS

"To Enrich Lives Through Effective and Caring Service"

PROPERTY OWNER APPLICATION FOR RENT ADJUSTMENT INSTRUCTIONS FOR COMPLETION

Director

Joel Ayala
Chief of Staff

Joseph M. Nicchitta

Rafael Carbajal Chief Deputy

COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
RENT STABILIZATION PROGRAM

500 WEST TEMPLE STREET, B-96, LOS ANGELES, CA 90012-2706 Email: rent@dcba.lacounty.gov

Pursuant to Section 8.52.060(C) of the Los Angeles County Code, an Application for Rent Adjustment must be submitted to the Department of Consumer and Business Affairs (DCBA) on the form below. Please note that if any of the following requirements are not completed, your application may be rejected or denied, and a new application will need to be submitted.

Step 1- This application must be filled out completely, with all supporting documents attached, and submitted to DCBA by either:

Email: rent@dcba.lacounty.gov

- Mail: Rent Stabilization Program

500 West Temple Street, B-96

Los Angeles, CA 90012

- In Person: 500 West Temple Street, B-96 Los Angeles, CA 90012

*Note: Any documentation you provide must substantiate your claim. All personally identifiable information should be redacted as any submitted documentation is subject to the Public Records Act.

- **Step 2** Within five (5) calendar days after submitting this application to DCBA, you must serve your tenant(s)/mobilehome owners a notice of this Application for Rent Adjustment via personal service or certified mail, return receipt requested.
- Step 3 Within ten (10) calendar days after serving your tenant(s), you must return the Proof of Service (included in this application for your convenience), signed under penalty of perjury, stating that a copy of the notice of Application for Rent Adjustment was served to your tenant(s)/mobilehome owners.



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APPLICATION FOR RENT ADJUSTMENT FOR FAIR RETURN

COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
RENT STABILIZATION PROGRAM

500 WEST TEMPLE STREET, B-96, LOS ANGELES, CA 90012-2706

Complete and return this form to:

Email: rent@dcba.lacounty.gov

Joseph M. Nicchitta Director Joel Ayala

Rafael Carbajal Chief Deputy

Chief of Staff

| Applicant Information | | | |
|--|-----------------------------|----------------------|--|
| Name: | T | | |
| Phone #: | Alt. Phone #: | | |
| Mailing Address: | | | |
| Email: | DCBA Case #: | | |
| Authorized Representative Information (if applicable) | | | |
| 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 | 3.52 and Chapter 8.57? | ☐ Yes ☐ No | |
| | | | |
| Applicant Claim (choose one) | | | |
| □ 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. □ 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 (if you believe the property or a unit is | exempt from the RSO or MRSC | O explain here) | |
| | | | |

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

| You must submit the following documentation | to substantiate your claim: |
|---|---|
| ☐ Certificate of Occupancy or Final Building Permit for the | Subject Property |
| RSO: Base Year (September 2017- August 2018) | Application Year (12 Months Prior to Filing Date) |
| MRSO: Base Year (February 2017- January 2018) □ ALL Rental agreements/Leases demonstrating: • Landlords: Rents paid as of September 11, 2018 • Park Owners: Space Rents paid as of February 13, 2018 | $\hfill \Delta {\bf LL}$ Rental agreements/Leases demonstrating current rents paid, if different from rents paid in base year |
| □ Spreadsheet demonstrating actual: Income: Rents received (Rent Roll) Ancillary Services (i.e., income from laundry, vending machines, etc.) Expenses such as: Ongoing Maintenance Repairs Property Taxes Property Insurance Utility Payments | □ Spreadsheet demonstrating actual: • Income: ○ Rents received (Rent Roll) ○ Ancillary Services (i.e., income from laundry, vending machines, etc.) • Expenses such as: ○ Ongoing Maintenance ○ Repairs ○ Property Taxes ○ Property Insurance ○ Utility Payments |
| Fees and costs incurred by a Property Owner, for making an application Tenant. Such fees and costs include, but are not limited to, attorney fee Fees and costs incurred by a Property Owner, for making an application Tenant. Such fees and costs include, but are not limited to, attorney fee | for Rent Adjustment for Fair Return <u>may not</u> be passed on to a respondent es, accountant fees, and other similar professional services costs. ty Owner's application submitted to determine whether a Rent adjustmen |
| b. Not cause an undue financial burden on the affected Tenant resp | · |
| Proof of Service (Required) | |
| I agree to provide notice of this application to my tenant(s or by certified mail, return receipt requested within 5 days | ······································ |
| I agree to provide a Proof of Service to DCBA within 10 day | ys of submitting this application: Initials |
| Signature | |
| I have read and understand the information written on thi | s page and my responsibilities. I know failure to submit |
| required and/or requested documentation may result in d | elay or denial of my application. |
| Print Name: | Phone: |
| Sign Name: | Date: |



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Complete and return this form to:

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RENT STABILIZATION PROGRAM

500 WEST TEMPLE STREET, B-96, LOS ANGELES, CA 90012-2706

Email: Rent@dcba.lacounty.gov

This form must be completed and provided to the Department of Consumer and Business Affairs (DCBA), whenever an application or notice is submitted to the department. Please fill this form out completely and attach any supporting documents. Service must be completed within the timeframe indicated by Los Angeles County Code Chapters <u>8.52</u> and <u>8.57</u>.

You may submit this Proof of Service and all supporting documents that demonstrate service was completed to the department in person, via mail, or email.

| Check box for applicable document served: | \boxtimes Application for Rent Adjustment \square Notice of Termination of Tenancy \square Buyout Agreement | | |
|--|---|--|--|
| | nformation (Select ONE) Owner(s) □ Landlord/ Mobilehome Park Owner(s) □ Third Party | | |
| Name: | | | |
| Telephone Number: | | | |
| Address: | Email: | | |
| Person(s) being served is | | | |
| (Select ONE): | | | |
| Name: | | | |
| Telephone Number: | 1 1 | | |
| Address: | Email: | | |
| Section III: Method ← | of Service (Select ONE) | | |
| Date mailed: | Tracking number # (if applicable): | | |
| To the following address: | | | |
| Postage prepaid to the: | ☐ Tenant(s)/Mobilehome Owner(s) ☐ Landlord/Park Owner(s) | | |
| Copy of return receipt attached (if applicable): | | | |
| □ Personal Service | , | | |
| Date and Time of Service: | | | |
| Address (if different from | | | |
| property address: | | | |

Section IV: Affected Parties

| List the names of each recipient that is subject to notice selected above. | this form and has received a copy of the application and/or | | | | | | |
|--|---|--|--|--|--|------------|---|
| | | | | | | | |
| | | | | | | | |
| <u> </u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Section V: Disclosure and Signature Tenant(s) or Mobilehome Owner(s): I, | | | | | | | |
| | | | | | | | re under penalty of perjury, under the laws of the State of s have been provided to all tenants/mobilehome owners who are |
| | | | | | | | |
| | | | | | | Print Name | Date |
| Signature | - | | | | | | |