



COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER
AND BUSINESS AFFAIRS



BOARD OF SUPERVISORS

Hilda L. Solis
Mark Ridley-Thomas
Sheila Kuehl
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"To Enrich Lives Through Effective and Caring Service"

Joseph M. Nicchitta
Director

Joel Ayala
Chief of Staff

Rafael Carbajal
Chief Deputy

**TENANT APPLICATION FOR RENT ADJUSTMENT
INSTRUCTIONS FOR COMPLETION**

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

**Prior to submitting an Application for Rent Adjustment due to Habitability or a Reduction in Housing Services, you must provide written notice to your landlord identifying the issue and provide your landlord a reasonable opportunity to correct the issue.*

Step 2 - Within five (5) calendar days after submitting this application to DCBA, you must serve your landlord 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 landlord, you tenant 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 landlord.



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TENANT APPLICATION FOR RENT ADJUSTMENT

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
Email: rent@dcbalacounty.gov

Applicant Information (Tenant)		
Name:		
Phone #:	Alt. Phone #:	
Property Address:		
Mailing Address: <i>(if applicable)</i>		
Email:		
Authorized Representative Information <i>(if applicable)</i>		
Name:		
Phone #:	Alt. Phone #:	
Email:		
Mailing Address:		
Landlord/Property Manager Information		
Name:	Alt. Contact Name:	
Phone #:	Alt. Phone #:	
Mailing Address:		
Email:		
Applicant Claim <i>(choose all that apply)</i>		
<input type="checkbox"/> A proposed or actual <u>rent increase</u> is not in compliance with the RSO (Section 8.52.060(B)(1))		
<input type="checkbox"/> A proposed or actual <u>reduction of service</u> is not in compliance with the RSO (Section 8.52.060(B)(3))		
<input type="checkbox"/> The landlord has failed to maintain the habitability of the rental unit as required by RSO (Section 8.52.060(B)(2))		
<input type="checkbox"/> (Mobilehome) A proposed or actual <u>reduction of service</u> is not in compliance with the MRSO (Section 8.57.060(B))		
Rent Information <i>(please provide supporting documents)</i>		
Current Rent:	Proposed Rent:	
Rent on September 11, 2018:	Date of Proposed Increase:	MM / DD / YYYY
Date of Last Rent Increase:	Rent Due Date:	MM / DD / YYYY

Claim Details *(explain the reason for your selection(s) above)*

Have you provided written notice to the landlord identifying the reduction of services or habitability issues? Yes No

When did you provide notice? *(please provide a copy of the notice)* MM / DD / YYYY

Proof of Service (Required)

I agree to provide notice of this application to my landlord via personal service or by certified mail, return receipt requested within 5 days of submission to DCBA: Initials

I agree to provide a Proof of Service to DCBA within 10 days of submitting this application: Initials

Signature

I declare, under penalty of perjury, that the above information is true and correct to the best of my knowledge. I understand if I do not meet the requirements of this application, it may be denied.

Print Name: _____

Sign Name: _____

Date: _____

Please submit any of the following documentation to help substantiate your claim:

- Building Documentation: Certificate of Occupancy/Final Building Permit
- Notice(s) of Rent Increase/Decrease in Housing Service(s)
- Rent Receipts from September 2018 – Present
- Most Recent Rental Agreement/Lease
- Proof of habitability violation from a public entity (Public Health, Building & Safety, Etc.)
- Written notice to landlord of violation of habitability
- Written notice to landlord of reduction of service(s)
- Other supporting documents such as utility bills and receipts demonstrating payment of housing service(s)

NOTE: Failure to submit required documentation may result in delays a decision on your application. Additionally, please redact any personally identifiable information as documents are subject to Public Records Act requests.

Section IV: Affected Parties

List the names of each recipient that is subject to this form and has received a copy of the application and/or notice selected above.

Section V: Disclosure and Signature

Tenant(s) or Mobilehome Owner(s):

I, _____ (Name), declare under penalty of perjury, under the laws of the State of California that a copy of above-mentioned documents have been provided to all landlords/park owners who are named in this document.

Landlord or Mobilehome Park Owner(s):

I, _____ (Name), declare under penalty of perjury, under the laws of the State of California that a copy of above-mentioned documents have been provided to all tenants/mobilehome owners who are named in this document.

Third Party:

I, _____ (Name), declare under penalty of perjury, under the laws of the State of California that a copy of above-mentioned documents have been provided to all tenants/mobilehome owners who are named in this document.

Print Name

Date

Signature