



TEMPORARY EVICTION MORATORIUM - LANDLORD MOVE-IN

DISCLOSURE FORM

Complete and return this form to:

COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
RENT STABILIZATION PROGRAM
320 WEST TEMPLE STREET, ROOM G-10, LOS ANGELES, CA 90012-2706
Email: rent@dcba.lacounty.gov

Under the Resolution of the Board of Supervisors extending and amending the Temporary Eviction Moratorium, approved on June 22, 2021, a landlord who bought a single family home on or before June 30, 2021, may move into the home for the landlord's or their eligible family member's* use and occupancy as their main residence. The landlord must provide the County with the name(s) of the eligible individual(s) who will occupy the home and remain there for a minimum of thirty-six (36) consecutive months, no less than sixty (60) days before the final date of the current tenancy. Tenants who are displaced due to the occupancy of a landlord or the landlord's eligible family member(s) are entitled to relocation assistance, including the services of a relocation specialist (see Section III). Eligible Family Members include the landlord's or their spouse/registered domestic partner's - grandparent, grandchild, aunt or uncle at least sixty-two (62) years of age, or other dependent over which the landlord (or their spouse/registered domestic partner) has guardianship.

To complete this form:

- 1. Fill in Subject Property Owner's information (Section I), the Displaced Occupant(s) Information (Section II), Relocation Specialist Information (Section III), Information of Eligible Individual(s) displacing existing occupants (Section IV), and Additional Certifications (Section V).
2. Sign and date Section VI.
3. Submit this completed form to the Department of Consumer and Business Affairs (DCBA) Rent Stabilization Program by mail, in person, or by email at rent@dcba.lacounty.gov.

Section I: Subject Property Owner's Information

Form with fields for Name, Daytime Phone #, Alt. Phone #, Mailing Address, City, State, Zip, and Email.



Section II: Displaced Occupant(s) Information

Occupant Name:				
Phone Number:		Email:		
Street Address				Unit
City		State		Zip
Occupant of this Dwelling Unit is:	<input type="checkbox"/> 62 or older	<input type="checkbox"/> Disabled	<input type="checkbox"/> Terminally Ill	<input type="checkbox"/> Low Income

Occupant Name:				
Phone Number:		Email:		
Street Address				Unit
City		State		Zip
Occupant of this Dwelling Unit is:	<input type="checkbox"/> 62 or older	<input type="checkbox"/> Disabled	<input type="checkbox"/> Terminally Ill	<input type="checkbox"/> Low Income

Section III: Relocation Specialist Information

Name:		
Phone Number:		Email:
Mailing Address:		
City		State Zip
Services Provided:	<input type="checkbox"/> Provide tenant(s) assistance in searching for a new unit <input type="checkbox"/> Assist in completing rental applications <input type="checkbox"/> Assist tenant(s) with getting their relocation payment <input type="checkbox"/> Provide tenant(s) with ongoing advisory services to minimize any hardship due to relocation <input type="checkbox"/> Discuss the tenant's housing needs	
<u>Initials</u>	I/We certify that a copy of the executed contract is attached.	
<u>Initials</u>	I/We certify I have provided the following amount in relocation assistance: \$_____.	



Section IV: Eligible Individual(s)

Name(s)	Relationship to the Landlord							Individual is:			
	Spouse	Parent	Domestic Partner	Child	Grandchild	Grandparent	Self	62 or older	Disabled	Terminally Ill	Low Income
<u>Enter Name of Person</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Enter Name of Person</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Enter Name of Person</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Enter Name of Person</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Enter Name of Person</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Certifications

The following conditions must be met in order to proceed with a landlord or landlord family member's move-in during the County's Temporary Eviction Moratorium period. Read and initial before signing below:

Initials

I/We certify that I/We hold the minimum ownership interest of at least 50% as required by Rent Stabilization Ordinance Section [8.52.090 E\(1\)\(b\)](#) to evict for a landlord's occupancy.

Initials

I/We certify that the eligible individual(s) is/are similarly situated to the tenant(s) who is/are being displaced, as required by the Rent Stabilization Ordinance Section [8.52.090 E\(1\)\(d\)](#).

Initials

I/We certify that I/We have hired/obtained a relocation specialist as required by the Rent Stabilization Ordinance Section [8.52.110\(E\)](#). (Copy of executed contract is attached)

Initials

I/We certify that I/We provided the appropriate permanent relocation assistance payment to the displaced tenant(s) as determined by local jurisdiction requirements for landlord move-ins; or if none, then by Chapter 8.52 of the County Code as described by the Temporary Eviction Moratorium. The assistance payment was made by direct payment or through the use of an escrow account.

Initials

I/We certify that the tenant has been, and is able to pay rent, and is not financially impacted by COVID-19, as required by the Temporary Eviction Moratorium.

Initials

I/We certify that the dwelling property is a single-family home that is alienable separate (i.e., separately transferable) from the title to any other dwelling unit, as defined in the Temporary Eviction Moratorium.



Initials I/We certify that I/We provided the tenant a 60-day written notice and submitted a copy of this notice to DCBA along with [Proof of Service](#), as required by the Temporary Eviction Moratorium.

Initials I/We certify that no one in the tenant’s household residing in the single-family home and/or the landlord or landlord’s family member who will be moving into the single-family home has been diagnosed with a suspected, or confirmed, case of COVID-19 within fourteen (14) days of the final date of tenancy.

Initials If a suspected or confirmed case of COVID-19 has been diagnosed, the final date of tenancy has been extended until all parties have been determined to no longer be infectious, as required by the Temporary Eviction Moratorium.

Section VI: Signature

Read the following before signing below:

I/We, _____ (name of Landlord), declare under penalty of perjury, under the laws of the State of California, that the information provided in this Landlord-Occupancy Disclosure, including any attachments, is true and correct to the best of my knowledge and belief.

Landlord’s Name (Print)

Signature

Date