

## PROPERTY OWNER APPLICATION FOR RENT ADJUSTMENT INSTRUCTIONS FOR COMPLETION

#### 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

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:
  - Email: rent@dcba.lacounty.gov
  - Mail: Rent Stabilization Program 320 West Temple Street, Room G-10 Los Angeles, CA 90012
  - In Person: 320 West Temple Street, Room G-10 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.







## APPLICATION FOR RENT ADJUSTMENT FOR FAIR RETURN

#### 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

Applicant Information			
Name:			
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 8.52 and Chapter 8.57?			

## 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 MRSO explain here)









LOS ANGELES COUNTY CONSUMER & BUSINESS AFFAIRS Housing & Tenant Protections

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	Increas	e:	
Respondent Information (Tenant/Mobilehome 0	Owner)			
Name:		Phone		
Address:			Unit or Space:	
City:	State:		ZIP:	
Current Rent:	Date of Last	Increas	e:	
Respondent Information (Tenant/Mobilehome 0	Owner)			
Name:		Phone	:	
Address:			Unit or Space:	
City:	State:		ZIP:	
Current Rent:	Date of Last Increase:			
Respondent Information (Tenant/Mobilehome 0	Owner)			
Name:		Phone	:	
Address:			Unit or Space:	
City:	State:		ZIP:	
Current Rent:	Date of Last I		Increase:	
Respondent Information (Tenant/Mobilehome 0	Owner)			
Name:		Phone		
Address:			Unit or Space:	
City:	State:		ZIP:	
Current Rent:	Date of Last	Increas	e:	
Respondent Information (Tenant/Mobilehome 0	Owner)			
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)
<ul> <li>MRSO: Base Year (February 2017- January 2018)</li> <li>ALL Rental agreements/Leases demonstrating:         <ul> <li>Landlords: Rents paid as of September 11, 2018</li> <li>Park Owners: Space Rents paid as of February 13, 2018</li> </ul> </li> </ul>	□ <u>ALL</u> Rental agreements/Leases demonstrating current rents paid, if different from rents paid in base year
<ul> <li>Spreadsheet demonstrating actual:         <ul> <li>Income:                 <ul> <li>Rents received (Rent Roll)</li> <li>Ancillary Services (i.e., income from laundry, vending machines, etc.)</li> <li>Expenses such as:                     <ul></ul></li></ul></li></ul></li></ul>	<ul> <li>Spreadsheet demonstrating actual:         <ul> <li>Income:                 <ul> <li>Rents received (Rent Roll)</li> <li>Ancillary Services (i.e., income from laundry, vending machines, etc.)</li> <li>Expenses such as:                     <ul></ul></li></ul></li></ul></li></ul>
<ul> <li>Documentation to substantiate claimed expenses (must demonstrate payment and relationship to the subject property) such as:         <ul> <li>Bank Statements</li> <li>Property Tax Statements</li> <li>Property Insurance Statement</li> <li>Utility Bills/Payment Summary</li> <li>Paid Invoices</li> <li>Cancelled Checks</li> </ul> </li> </ul>	<ul> <li>Documentation to substantiate claimed expenses (must demonstrate payment and relationship to the subject property) such as:         <ul> <li>Bank Statements</li> <li>Property Tax Statements</li> <li>Property Insurance Statement</li> <li>Utility Bills/Payment Summary</li> <li>Paid Invoices</li> <li>Cancelled Checks</li> </ul> </li> </ul>

**NOTE:** Please redact any personally identifiable information as documents are subject to Public Records Act requests **Fees and costs** incurred by a Property Owner, for making an application for Rent Adjustment for Fair Return <u>may not</u> be passed on

**Fees and costs** incurred by a Property Owner, for making an application for Rent Adjustment for Fair Return <u>may not</u> 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.

**Fees and costs** incurred by a Property Owner, for making an application for Rent Adjustment for Fair Return <u>may not</u> 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.

The Department of Consumer and Business Affairs will review a Property Owner's application submitted to determine whether a Rent adjustment is necessary and appropriate to:

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.







Proof of Service (Required)		
I agree to provide notice of this application to my ter via personal service or by certified mail, return rece of submission to DCBA:		Initials
I agree to provide a Proof of Service to DCBA within 10 of	days of submitting this application:	Initials
Signature		
I declare, under penalty of perjury, that the above information knowledge. I understand if I do not meet the requirement		y
Print Name:	Phone:	
Sign Name:	Date:	

**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.





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## PROOF OF SERVICE

#### 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

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  $\underline{8.52}$  and  $\underline{8.57}$ .

# 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: Application for Rent Adjustment Notice of Termination of Tenancy

## Section I: Server's Information (Select ONE)

□Landlord/ Mobilehome Park Owner(s) □Third Party

Name:	
Telephone Number:	
Address:	Email:

#### Section III: Method of Service (Select ONE)

#### □ Certified Mail □First Class Mail

Date mailed:		Tracking number #	<pre># (if applicable):</pre>	
To the following	g address:			
Postage prepaid to the:		dlord/Park Owner(s)		
Copy of return receipt attached (if applicable):		Yes 🗆 No		

#### Personal Service

Date and Time of Service:	
Address (if different from property address:	



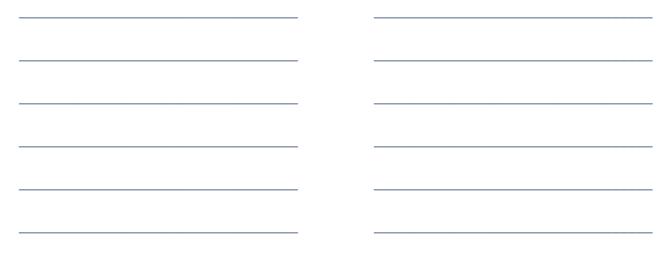




### **Section IV: Affected Parties**

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

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## Section V: Disclosure and Signature

#### 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



