



LOS ANGELES COUNTY

# CONSUMER & BUSINESS AFFAIRS

Housing &amp; Tenant Protections

## LANDLORD OR QUALIFIED FAMILY MEMBER 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](mailto:rent@dcba.lacounty.gov)

### To complete this form:

- Provide the following on this form:
  - Subject Property Owner's Information (Section I),
  - 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).
- Sign and date Section VI.
- Submit a copy of the Notice of Termination, [Proof of Service](#), and 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](mailto:rent@dcba.lacounty.gov).

### Section I: Subject Property Owner's Information

Name:		
Daytime Phone #:	Alt. Phone #:	
Mailing Address:		
City	State	Zip
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 III	<input type="checkbox"/> Low Income



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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
Relocation Specialist 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 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 COVID-19 Tenant Protections period. Read and initial before signing below:

Initials I/We certify that the dwelling property is a:  single-family home,  a mobilehome,  condominium unit,  a duplex, or  a triplex.

Initials I/We certify that I/We hold the minimum ownership interest of at least  50% ownership to occupy 1 unit OR  100% ownership to occupy 2 units as required by County COVID-19 Tenant Protections resolution 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\(1\)\(vi\)](#).

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 County COVID-19 Tenant Protections resolution. 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 County COVID-19 Tenant Protections resolution.

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 County COVID-19 Tenant Protections resolution.



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Initials

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

Initials

I/We agree that 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 County COVID-19 Tenant Protections resolution.

Initials

I/We certify that the property owner, and/or property owner’s family member who will principally reside in the unit(s), will move into the unit(s) within 60 days of the tenant vacating the unit(s) and live there for a minimum of thirty-six (36) consecutive months.

Initials

If this property is a triplex: I/We certify that no vacant unit exists on this property, and we are seeking to displace the most recently occupied unit.

## 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

