



LOS ANGELES COUNTY

CONSUMER & BUSINESS AFFAIRS

Housing & Tenant Protections

COVID-19 TENANT PROTECTIONS RESOLUTION 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@dcbalacounty.gov Fax: (213)625-2031

The COVID-19 Tenant Protections Resolution allows a landlord who purchased a single-family home, mobilehome space, condominium unit, duplex, and/or a triplex (collectively, "units") to evict a tenant(s) for the landlord's or the landlord's eligible family member's* use and occupancy. Landlords are required to provide the County with the name(s) of the eligible individual(s) who will occupy the unit. Additionally, the landlord and/or their eligible family member must move into the unit within sixty (60) days of the tenant vacating the unit and use it as their principal residence for a minimum of thirty-six (36) consecutive months. 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 4).

* *Eligible family members include: the landlord's or landlord's spouse/registered domestic partner's – parent, child, 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.*

Instructions:

1. Complete sections 1 through 5.
2. Sign and date (section 6).
3. Submit the completed form to the Department of Consumer and Business Affairs (DCBA) Rent Stabilization Program via mail, in-person, or email to rent@dcbalacounty.gov.

Section 1: Landlord Information

Name:		
Daytime Phone #:	Alt. Phone #:	
Mailing Address:		
City	State	Zip
Email:		

Please check here if there are additional landlord(s) and add attachment with landlord's information.



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Section 2: Displaced Tenant(s) Information

Tenant Name:			
Phone Number:		Email:	
Street Address			Unit
City		State	Zip
Tenant is:	<input type="checkbox"/> 62 or older	<input type="checkbox"/> Disabled	<input type="checkbox"/> Terminally III <input type="checkbox"/> Low Income

Tenant Name:			
Phone Number:		Email:	
Street Address			Unit
City		State	Zip
Tenant is:	<input type="checkbox"/> 62 or older	<input type="checkbox"/> Disabled	<input type="checkbox"/> Terminally III <input type="checkbox"/> Low Income

Please check here if additional tenants are displaced and add attachments with tenant(s) information as needed

Section 3: Eligible Family Member(s) Displacing Existing Tenant(s)

Name(s)	Relationship to the Landlord/ Landlord's Spouse/ Domestic Partner								Individual is:			
	Self	Spouse	Domestic Partner	Child	Parent	Grandparent	Grandchild	Aunt or Uncle 62 or older	62 or older	Disabled	Terminally III	Low Income
_____	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Section 4: Relocation Specialist Information

Please provide information regarding the relocation specialist and services provided. **Please attach a copy of the executed contract with the relocation specialist.**

Name:		
Phone Number:	Email:	
Mailing Address:		
City	State	Zip
Relocation Specialist Services Provided: (check all that apply)	<input type="checkbox"/> Assist tenant(s) with searching for a new unit <input type="checkbox"/> Assist tenant(s) 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	

Section 5: 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 Resolution period. **Read and initial before signing below.**

I/We Certify that:

The dwelling property is a:

single-family home, a mobilehome space, condominium unit, a duplex, or a triplex.

I/We hold the minimum ownership interest as required by the County [COVID-19 Tenant Protections Resolution](#) of at least:

50% ownership to occupy 1 unit **OR** 100% ownership to occupy 2 units

The eligible individual(s) is/are similarly situated to the tenant(s) who is/are being displaced, as required by the Rent Stabilization and Tenant Protections Ordinance section [8.52.090 E\(1\)\(vi\)](#) of the County code.

I/We will provided the appropriate permanent relocation assistance payment to the displaced tenant(s), as determined by local jurisdiction landlord move-in requirements or under [Chapter 8.52](#) of the County code if no local jurisdiction requirements exist, in the amount of \$_____ by:

direct payment or through the use of an escrow account



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I/We certify that a copy of the executed contract with the relocation specialist is attached.

No one in the tenant’s household residing in the unit or in the Landlord’s or landlord’s family member household 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.

I/We agree that if a suspected or confirmed case of COVID-19 has been diagnosed, the final date of tenancy will be extended until all parties have been determined to no longer be infectious, as required by the [COVID-19 Tenant Protections Resolution](#).

The landlord, and/or landlord’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.

FOR TRIPLEX PROPERTIES ONLY: If this property is a triplex: I/We certify that no vacant unit exists on this property.

Section 6: 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

