



LOS ANGELES COUNTY  
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS  
**RENT STABILIZATION PROGRAM**  
320 WEST TEMPLE STREET ROOM G-10, LOS ANGELES, CA 90012-2706  
Phone Number: (800) 593 - 8222  
Email: [RSUEnforcement@dcba.lacounty.gov](mailto:RSUEnforcement@dcba.lacounty.gov)

## TENANT APPLICATION FOR ADJUSTMENT INSTRUCTIONS

**Pursuant to Chapter 8.52.060(B) of the Los Angeles County Code (LACC)**, tenants who believe they should receive an adjustment in their monthly obligation(s) because of a potential violation of Chapter 8.52 of the County Code may file an Application for Adjustment (Application) with the Department of Consumer and Business Affairs (DCBA). The Application must be filed with DCBA within one hundred eighty (180) days from the date the tenant knew or should have reasonably known of the landlord's potential violation(s). Please note, failure to comply with all the requirements below may result in your Application being rejected or denied. For questions about the Application please call (800) 593-8222 to speak to a counselor.

**Step 1:** Complete the Application in its entirety.

**Step 2:** Attach all supporting documents.

**Step 3:** Submit\* the Application to DCBA:

- Email: [RSUEnforcement@dcba.lacounty.gov](mailto:RSUEnforcement@dcba.lacounty.gov)
- Mail: Rent Stabilization Program  
320 West Temple Street, Room G-10  
Los Angeles, CA 90012
- Fax: (213) 625-2031
- In Person: 320 West Temple Street, Room G-10  
Los Angeles, CA 90012

***\*Before submitting the Application due to a reduction in housing services(s) or habitability concerns, tenants must first provide written notice to their landlord identifying the issue(s) and providing the landlord reasonable time to correct the issue(s). For matters pertaining to habitability, the submission of a complaint with the appropriate enforcement agency is also required prior to submitting the Tenant Application for Adjustment with DCBA (8.52.060(B)(2)).***



TENANT APPLICATION FOR ADJUSTMENT

I. Tenant Information

Name:
Rental Unit Address:
Phone #: Alt. Phone #:
Email:

II. Authorized Representative Information (if applicable)

Name: Relation to Tenant:
Phone #: Alt. Phone #:
Address:
Email:

III. Landlord/Property Manager Information

Name: Alt. Contact Name:
Phone #: Alt. Phone #:
Address:
Mailing Address:
Email:

IV. Applicant Claim (choose all that apply and fill out the corresponding section.)

- A proposed or actual rent increase and/or fees, charges, or pass-throughs is/are not in compliance with the RSTPO (Section 8.52.060(B)(1)). (Fill out section V below)
A proposed or actual reduction of housing service(s) is/are not in compliance with the RSTPO (Section 8.52.060(B)(3)). (Fill out section VI below)
The landlord has failed to maintain the habitability of the rental unit as required by RSTPO (Section 8.52.060(B)(2)). (Fill out section VII below)

V. Rent Information

Current Rent: New/Proposed Rent:
Date of New/Proposed Rent Increase: MM / DD / YYYY



**VI. Reduction in Housing Service(s)**

When did the reduction in housing service(s) occur? MM / DD / YYYY

Have you provided written notice to the landlord identifying the reduction in housing service(s)?  
 Yes  No

If yes, when did you provide the notice to the landlord? MM / DD / YYYY

**VII. Habitability Complaints**

When did the habitability concern(s) begin? MM / DD / YYYY

Have you provided written notice to the landlord identifying the habitability concern(s)?  
 Yes  No

If yes, when did you provide the notice to the landlord? MM / DD / YYYY

Have you filed a complaint with the proper enforcement agency for the habitability issue(s)?  
 Yes  No

If yes, when did you file the complaint? MM / DD / YYYY

**VIII. Claim Details** *(explain the reason for your claim(s) above; add pages if you need more space)*

Multiple horizontal lines for text entry.



**IX. Signature**

I declare under penalty of perjury under the laws of the State of California that the information I have provided in this form is true and correct to the best of my knowledge and belief. Any attachment(s) included here are either original documents or true and correct copies of the original document(s). I understand if I do not meet the requirements of this Application, it may be denied or rejected.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach documentation\*\* that may help support your claim. Failure to submit supporting documents may result in your Tenant Application for Adjustment being rejected or denied. Some examples of supporting documents include:**

- Notice(s) of rent increase/decrease
- Rent receipts from September 2018 - present
- Most recent rental/lease agreement
- Change in terms of tenancy notice from landlord
- Proof of habitability violation, notice of code violation, enforcement order, or correction order issued from a public entity (Public Health, Building & Safety, Etc.)
- Tenant’s written notice given to the landlord of violation of habitability
- Tenant’s written notice given to the landlord of reduction of housing service(s)

**\*\*NOTE:** Under the California Public Records Act (PRA), DCBA may be required to provide access to public records they maintain, including requests for assistance and supporting documents. This may include some or all written and electronic information obtained, except where exempt from disclosure by law. If you would like more information, see Government Code § 7921.000 – 7931.000