



LOS ANGELES COUNTY

CONSUMER & BUSINESS AFFAIRS

Housing & Tenant Protections

LANDLORD MOVE-IN DISCLOSURE FORM

Complete and return this form to:

LOS ANGELES COUNTY
 DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
RENT STABILIZATION PROGRAM
 320 WEST TEMPLE STREET, ROOM G-10
 LOS ANGELES, CA 90012-2706
 Email: RSUEnforcement@dcba.lacounty.gov Fax: (213) 625-2031

Pursuant to the Los Angeles County Rent Stabilization and Tenant Protections Ordinance (RSTPO) (Los Angeles County Code (LACC) Section 8.52.090(E)(1)(a)), a landlord who owns a fully or partially covered rental unit may seek in good faith to recover possession of said rental unit for the landlord's or landlord's eligible family member's* own use and occupancy as their principal residence. Landlords must provide the Department of Consumer and Business Affairs (DCBA) with the name(s) of the eligible individual(s) who will occupy the rental unit and the relationship of said individual(s) to the landlord, no less than sixty (60) days before the final date of tenancy.

* 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, fax, or email..

Section 1: Landlord Information

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



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 Ill	<input type="checkbox"/> Low Income	<input type="checkbox"/> Minor

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 Ill	<input type="checkbox"/> Low Income	<input type="checkbox"/> Minor

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 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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
Services Provided by the Relocation Specialist: (check all that apply)	<input type="checkbox"/> Discuss the tenant's housing needs. <input type="checkbox"/> Assist tenant(s) with getting their relocation payment. <input type="checkbox"/> Assist tenant(s) with searching for a new unit and completing rental applications. <input type="checkbox"/> Provide tenant(s) with ongoing advisory services to minimize any hardship due to relocation.	

Section 5: Certifications

The following conditions must be met to proceed with terminating a tenancy for a landlord or landlord family member's move-in. Read and initial before signing below.

I/We Certify that:

Initials I/We are a natural person and possess a minimum ownership interest as required by the LACC section 8.52.090 E(1)(iv-v) of at least:
 50% ownership to occupy 1 unit **OR** 100% ownership to occupy 2 units

Initials The eligible individual(s) is/are similarly situated to the tenant(s) who is/are being displaced, as required by the LACC section 8.52.090 E(1)(vi).

Initials I/We provided the appropriate relocation assistance payment to the displaced tenant(s), as determined by the County in the amount of \$ _____
 by: direct payment or through the use of an escrow account.

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

Initials The landlord and/or landlord's family member who will principally reside in the unit(s), will move into the unit(s) within 60 (sixty) days of the tenant(s) vacating the unit(s) and live there for a minimum of 36 (thirty-six) consecutive months.



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Initials

FOR PROPERTIES WITH THREE (3) OR MORE RENTAL UNITS ONLY: If this property has 3 (three) or more rental units: I/We certify that no vacant unit exists on this property, and I/we am/are seeking to displace the most current occupied unit.

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 Move-In Disclosure Form, including any attachments, is true and correct to the best of my knowledge and belief.

Landlord's Name (Print)

Signature

Date



FREQUENTLY ASKED QUESTIONS

Who qualifies for relocation assistance?

Tenants who live in rental units located in unincorporated areas of Los Angeles County and subject to the County's Rent Stabilization and Tenant Protections Ordinance (RSTPO) qualify for relocation assistance.

What is relocation assistance and when does it need to be provided to tenants?

Landlords are required to pay relocation assistance when tenants are permanently or temporarily displaced from their rental unit through no fault of their own. Relocation assistance are benefits in the form of monetary payments, comparable accommodations, and/or the services of a relocation specialist– all provided to affected tenant(s) at the landlord's expense.

Who are relocation specialists and what services do they provide?

Relocation specialists are individuals/companies hired by the landlord, at the landlord's expense, to assist a tenant with relocation services. The relocation specialist should have experience with providing relocation assistance in Los Angeles County (County) and should provide the following services:

- Discuss the tenant's housing needs
- Assist tenant(s) with getting their relocation payment
- Assist tenant(s) with searching for a new rental unit and completing rental applications
- Provide tenant(s) with ongoing advisory services to minimize any hardship due to relocation

The landlord is responsible for providing information about the relocation specialist to the Department of Consumer and Business Affairs (DCBA) and the tenant(s).

What does it mean to be permanently or temporarily displaced?

- A tenant is **permanently displaced** if they are evicted for a No-Fault reasons listed in Section 8.52.090 of the County Code, such as:
 - A landlord or landlord family member move-in
 - Withdrawal of the unit from rental market (Ellis Act)
 - A government agency or court order
- A tenant is **temporarily displaced** if they must leave their unit for one of the following reasons until the issue is resolved:
 - Necessary repairs
 - Rehabilitation (major upgrades/repairs that increase value to the property)
 - Health and safety violations



Do tenants still pay rent while they are temporarily displaced?

Yes, tenants may be required to continue paying their rent as normal. If tenants feel there should be a reduction in rent due to habitability issues with the rental unit, tenants may file an Application for Adjustment with DCBA. Please contact us at (800) 593-8222 to learn more.

What relocation assistance do temporarily displaced tenants receive?

- Tenants who are temporarily displaced for **30 days or less** must be provided a per-diem (an allowance or payment made for each day).
- Tenants who are temporarily displaced for **31 days or more** must be provided either a per-diem or comparable accommodations to their unit, if available.

The current per-diem rate is **\$202** per night (including taxes), plus an additional **\$74** per adult and **\$37** per child, 12 years and under, for meals and incidentals. This rate is based on the [Federal General Services Administration](#) per diem rate for lodging in Los Angeles County.

How much relocation assistance do permanently displaced tenants receive?

Permanent relocation assistance is based on the number of bedrooms being rented and not the number of tenants in the unit. However, if there is a Qualified or Lower-Income tenant in the household, landlords must pay the Qualified or Lower-Income relocation assistance amount.

LA County Permanent Relocation Assistance Amounts					
TYPE	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4+ Bedrooms
Standard	\$7,654	\$8,662	\$10,797	\$13,115	\$14,759
Seniors, Minors, Terminally ill, Persons w/ Disabilities	\$9,272	\$10,675	\$13,359	\$16,043	\$17,995
Lower-Income Household	\$10,980	\$12,688	\$15,921	\$18,971	\$21,411

Who is considered a Qualified or Lower-Income tenant?

Tenants who are sixty-two (62) years of age or older, persons with disabilities, terminally ill, or households with children under the age of eighteen (18) are considered Qualified tenants. Lower-Income tenants are defined by the [California Health and Safety Code Section 50079.5](#).





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When should tenants receive the relocation assistance payment?

For permanent displacements, landlords must provide tenants a direct payment or access to the relocation assistance in an established escrow account at the same time a notice of termination of tenancy is served to the tenant for a No-Fault eviction. Landlords must make direct payments to tenants for temporary displacements prior to the displacement, unless otherwise agreed upon between the landlord and tenant.

What happens if there is a disagreement about the amount of relocation assistance the tenant is eligible for?

Contact the Department of Consumer & Business Affairs Rent Stabilization Program for further assistance.

Questions?

 (800) 593-8222

 RSUEnforcement@dca.lacounty.gov

 320 West Temple Street Room G-10
Los Angeles, California 90012
Attention: Rent Stabilization Program

Disclaimer: This is a brief summary of information related to the Los Angeles County Rent Stabilization and Tenant Protection Ordinance (RSTPO). It is not legal advice. Readers should consult an attorney for advice on how the RSTPO applies in their case. Laws and guidelines are frequently amended. DCBA recommends that readers verify information against the current RSTPO in the event that any new changes are not yet reflected in this bulletin.



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PROOF OF SERVICE

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 LOS ANGELES, CA 90012-2706
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This form must be completed and accompanied with any application or notice of termination of tenancy submitted to the Department of Consumer and Business Affairs (DCBA) Rent Stabilization Program. Service to the affected parties and DCBA must be completed within the timeframes indicated by Los Angeles County Rent Stabilization and Tenant Protections Ordinance (RSTPO) Chapter [8.52](#) of the County Code (LACC) and the Mobilehome Rent Stabilization and Mobilehome Owners Protection Ordinance (MRSMOPO) Chapter [8.57](#) LACC.

You may submit this Proof of Service and all supporting documents that demonstrate service was completed to the department in person, via mail, fax, or email.

Section 1: Type of Document Served

- Document(s) served:
- Application for Rent Increase
 - Notice of Termination of Tenancy
 - Buyout Agreement
 - Capital Improvement or Primary Renovation
 - Other: _____

Section 2: Server's Information (Select ONE)

- Landlord Landlord's Agent

Name:			
Telephone #:			
Address:		Email:	

Section 3: Method of Service (Select either by mail or in person)

- Served by Mail: Certified Mail First Class Mail

Date mailed:		Tracking number # (if applicable):	
Mailing address:			
Person Served:			
Copy of return receipt attached (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Served in Person: Personal Service

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





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Section 4: 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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section V: Disclosure and Signature

I, _____ (Name), declare under penalty of perjury, under the laws of the State of California that a copy of above-mentioned document(s) has/have been provided to all tenants/mobilehome owners who are named on the Proof of Service.

Print Name

Date

Signature