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COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS

"To Enrich Lives Through Effective and Caring Service"

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COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
RENTAL HOUSING OVERSIGHT COMMISSION
500 WEST TEMPLE STREET, B-96, LOS ANGELES, CA 90012-2706
Phone: (833) 223-RENT (7368) I Website: rent.lacounty.gov

ON THE LOS ANGELES COUNTY RENTAL HOUSING OVERSIGHT COMMISSION

<u>Instructions:</u> Your application to be on the Rental Housing Advisory Commission will **NOT** affect your housing status. Commissioners serve for 3 (three) years.

THIS IS NOT AN APPLICATION FOR EMPLOYMENT

- 1. You can apply to serve as a Commissioner if you are at least 18 years of age and either:
 - <u>A renter</u> whose primary residence is a dwelling unit subject to the Los Angeles County Rent Stabilization Ordinance (RSO) (Los Angeles County Code, Chapter 8.52) or <u>a renter</u> whose primary residence is a mobilehome park space subject to the Los Angeles County Mobilehome Rent Stabilization Ordinance (MRSO) (Los Angeles County Code, Chapter 8.57); members must reside in the unincorporated area of Los Angeles County; or
 - An owner of a dwelling unit subject to the RSO or an owner of a mobilehome park that is subject to the MRSO; or
 - An individual who is affiliated with an organization that represents the interests of any of the previously mentioned parties.
- 2. Please complete **ALL** sections of this application. If any sections do not apply to you, write **N/A** in the space provided. Use additional sheets if necessary.
 - Attach a list of at least two (2) references from individuals who know your experience and involvement in housing-related issues, such as an employer, teacher, social worker, community leader, or friend.
 - Attach a resume.
 - Return the completed application, references, and resume to:

DCBARHOC@DCBA.LACOUNTY.GOV

or

Los Angeles County Department of Consumer and Business Affairs 320 W. Temple St. Room G-10
Los Angeles, California 90012

Attention: Shawna Wilson (800) 593-8222

OPEN UNTIL FILLED

THIS APPLICATION MAY CLOSE WITHOUT NOTICE

PLEASE SEND YOUR APPLICATION AS SOON AS POSSIBLE

The following apply to me:

I am one of the following or a repres	sentative of an organization that repres	sents:		
☐ Tenant(s)☐ Mobilehome Owners(s)☐ Landlord(s)☐ Mobilehome Park Owner(s))			
If a representative, which organization do you represent?				
If a tenant or mobilehome owner, w live in?	hat is the name and address of the bu	ilding or mobilehome park you		
Name and Address:				
First Name	Middle Name	Last Name		
Street Address:				
City:	State:	Zip Code:		
Time at this address:(If fewer	than 2 years, provide previous address be	elow).		
Telephone Number:	Email Address:			
Employment History:				
Current Employer:				
Occupation/Job Title:				
Business Address:				
Business Phone Number:	Business Email Addres	s:		
Employment History: Please attach a revaluating your application.	resume to this application and provide any	information that would be helpful in		
least twice a month and can last several will take place at Hall of Records in Dow as well as other locations throughout the	have yet to be determined, but we anticipat hours. Commissioners are expected to att intown Los Angeles located at 320 W. Tem c County of Los Angeles. Regular attendant y you will not be able to attend meetings of	end meetings in person. Meetings ple Street, Los Angeles, CA 90012, ce is a requirement to serve on the		
lf Yes, please explain				

Additional Information:

I. List all current professional or community organizations and societies of which you are a member.				
Organization/Society	From (MO/YR)	To (MO/YR)		
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. Describe what you believe the Rental Housing Oversight Commission role entails and how you think helps Owners and Renters who reside in Los Angeles County?			
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III. Describe your work experience that qualifies you to serve on the Rental Housing Oversight Commission. Include the name of each company, title, duties and dates of employment or volunteer service.			

IV. Why do you wish to serve on the Rental Housing Oversight Commission?		
I certify that my statements in this application are true licensing or law enforcement agency, to release any a about me for the purpose of aiding in the evaluation of	and correct. I hereby authorize any governmental, nd all information which those agencies may have my background and qualifications for appointment	
Print Name:		
Signature:	Date:	