



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

LANDLORD APPLICATION FOR RENT INCREASE

<u>Purpose</u>

Landlords of fully covered rental units (rental units) located in unincorporated Los Angeles County (County) subject to the County's Rent Stabilization and Tenant Protections Ordinance (RSTPO) (Chapter 8.52 of the Los Angeles County Code (LACC)) may submit a Landlord Application for Rent Increase (Application) to request an increase in rent beyond that which is permitted under LACC Section 8.52.050. The landlord shall have the burden to prove the necessity of any additional rent increase necessary to earn a fair and reasonable return.

The Department of Consumer and Business Affairs (DCBA) will review the Application to determine whether a rent adjustment is necessary and appropriate to: a) ensure the landlord receives a fair and reasonable return, and b) not cause an undue financial burden to the affected tenant(s). The Application shall not be approved if any rent increase, plus any amount allowed for a fair and reasonable return, will result in an increase of the rent from the previous twelve (12) months by more than eight percent (8%), or if a luxury unit by more than ten percent (10%), unless otherwise determined by DCBA.

This Application is not a substitute for the Pass-Through Cost Recovery options outlined in Section 8.52.070 of the LACC.

Instructions

- **Step 1:** In order to file an Application, a landlord must have registered all rental units on the subject property, not lapsed on registration in previous years, and must be current on payment of registration fees, pursuant to LACC Section 8.52.080.
- **Step 2:** Complete this Application in its entirety (Sections I VII).
- **Step 3:** Attach supporting documents.
- **Step 4:** Submit the Application to DCBA using one of the following methods:
 - Email: <u>RSUEnforcement@dcba.lacounty.gov</u>
 - Mail: Department of Consumer and Business Affairs ATTN: Rent Stabilization Program 320 West Temple Street, Room G-10 Los Angeles, CA 90012
 - In Person: 320 West Temple Street, Room G-10 Los Angeles, CA 90012 Monday through Friday, 8:30AM to 4:30PM



- **Step 5:** Within **five (5) calendar days** after submitting an Application to DCBA, landlords must serve all affected tenant(s) with notice of the filed Application via personal service or certified mail, return receipt requested.
- **Step 6:** Within **ten (10) calendar days** after submission of the Application to DCBA, landlords must return the Proof of Service (**Form POS**), signed under penalty of perjury, stating that each affected tenant was served a notice of the filed Application.

Please note, failure to comply with the requirements of LACC Chapter 8.52 may result in the Application being rejected or denied. For questions about the Application please call (800) 593-8222 to speak to a counselor.

Supporting Documents

Supporting documents must be provided to DCBA to substantiate the landlord's request to increase beyond the permitted amount. Landlords are required to submit documentation for the base year* as well as the current year.

Base Year: September 2017 through August 2018.

Current Year: Twelve-month period prior to filing the Application.

Examples of supporting documents that may be submitted to DCBA for review include, but are not limited to, the following:

- <u>All</u> rental agreements/leases demonstrating rents paid as of September 11, 2018 or base year and <u>All</u> rental agreements/leases demonstrating current rents paid, if different from rents paid in base year.
- 2. Spreadsheet demonstrating actual income and expenses for base year and current year:
 - Income:
 - Rents received (Rent Roll)
 - Ancillary Services (i.e., income from laundry, vending machines, etc.)
 - Expenses such as:
 - Ongoing Maintenance
 - Repairs
 - Property Taxes
 - Property Insurance
 - Utility Payments
- 3. Documentation to substantiate claimed income and expenses for base year and current year (must demonstrate payment and relationship to the subject property):
 - Bank Statements
 - Property Tax Statements
 - Property Insurance Statement
 - Utility Bills/Payment Summary
 - Paid Invoices
 - Cancelled Checks

*If the property was purchased after September 11, 2018, the landlord would need to acquire the records for

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the time period of August 2017 through September 2018. If the Landlord is unable to provide those documents, DCBA may consider the first twelve months after the purchase of the property as the base year.

Any costs cited in the Application that cannot be substantiated, will not be considered in DCBA's determination.

Important Information

- 1. Fees and costs incurred by a landlord to prepare, file, or pursue an Application may not be passedthrough to the tenant(s). Such fees and costs include, but are not limited to, attorney fees, accountant fees, and other similar professional services costs.
- This form and any supporting documents submitted to DCBA will become a public record pursuant to the California Public Records Act (CPRA). DCBA may be required to provide access to public records maintained, upon request. This may include some or all written and electronic information obtained, except where exempt from disclosure by law. For more information, see Government Code § 7921.000 – 7931.000.
- 3. The landlord, at their own expense, must make the supporting documents reasonably available to each affected tenant within five (5) days of such request.

Disclaimer: This is a summary of information related to the RSTPO and 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 most current version of the RSTPO in the event that any changes are not yet reflected in this Application.



LANDLORD APPLICATION FOR RENT INCREASE

| I. LANDLORD INFORMATION | | | | | | | | | |
|---|---------------------------|-------------|--|--|--|--|--|--|--|
| Name: | | | | | | | | | |
| Phone #: | Alt. Phone #: | | | | | | | | |
| Mailing Address: | | | | | | | | | |
| City: | State: Zip Code: | | | | | | | | |
| Email: | | | | | | | | | |
| II. LANDLORD'S AUTHORIZED REPRESENT | | applicable) | | | | | | | |
| Name: | Relationship to Landlord: | | | | | | | | |
| Phone #: | Alt. Phone #: | | | | | | | | |
| Mailing Address: | | | | | | | | | |
| Email: | | | | | | | | | |
| III. SUBJECT PROPERTY DETAILS | | | | | | | | | |
| Address: | Number of Units: | | | | | | | | |
| City: | State: | Zip Code: | | | | | | | |
| Total number of units at the subject property: | | | | | | | | | |
| List all unit numbers that will be affected by the App | lication: | | | | | | | | |
| IV. APPLICANT CLAIM | | | | | | | | | |
| Claim Details: (<i>Please explain in detail the reason(s) for requesting to increase rent in excess of the allowable limit</i>) | | | | | | | | | |
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V. Provide tenant information for each rental unit that may be affected by the Application or submit a rent roll for each affected rental unit which includes the information requested in this section. Additional copies of this page can be added, if necessary.

| TENANT INFORMATION | | | | | | |
|-----------------------------|--|----------------------------|--|--|--|--|
| Name: | | | | | | |
| Phone #: | Email: | | | | | |
| Mailing Address: | | | | | | |
| City: | State: | Zip Code: | | | | |
| Date of Last Rent Increase: | Percentage Amount of Last Rent Increase: | | | | | |
| Current Rent: | Proposed Monthly Rent Increase: | | | | | |
| TENANT INFORMATION | | | | | | |
| Name: | | | | | | |
| Phone #: | Email: | | | | | |
| Mailing Address: | | | | | | |
| City: | State: | Zip Code: | | | | |
| Date of Last Rent Increase: | Percentage Amo | unt of Last Rent Increase: | | | | |
| Current Rent: | Proposed Monthl | y Rent Increase: | | | | |
| TENANT INFORMATION | • | | | | | |
| Name: | | | | | | |
| Phone #: | Email: | | | | | |
| Mailing Address: | | | | | | |
| City: | State: | Zip Code: | | | | |
| Date of Last Rent Increase: | Percentage Amo | unt of Last Rent Increase: | | | | |
| Current Rent: | Proposed Monthl | y Rent Increase: | | | | |
| TENANT INFORMATION | | | | | | |
| Name: | | | | | | |
| Phone #: | Email: | | | | | |
| Mailing Address: | | | | | | |
| City: | State: | Zip Code: | | | | |
| Date of Last Rent Increase: | Percentage Amount of Last Rent Increase: | | | | | |
| Current Rent: | Proposed Monthly Rent Increase: | | | | | |

Check the box if additional pages are added \Box

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VI. SIGNATURE

□ FOR AUTHORIZED REPRESENTATIVES ONLY: Click here if you are an authorized designated agent of the landlord. A signed letter from the landlord stating that you are the authorized designated agent must accompany the Application. Failure to submit this letter will result in the Application being rejected or denied.

 \Box By checking this box, 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: _____



VII. Base Year Information (September 2017 - August 2018) or Data from the First Year of Ownership if After Base Year

| | Income | | | | | | | | | | | |
|------------------------------------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|------|--------|
| | September | October | November | December | January | February | March | April | May | June | July | August |
| Rent Income | | | | | | | | | | | | |
| Ancillary Income (i.e, income from | | | | | | | | | | | | |
| laundry, vending | | | | | | | | | | | | |
| machines etc.) | | | | | | | | | | | | |
| | Expenses | | | | | | | | | | | |
| | September | October | November | December | January | February | March | April | May | June | July | August |
| Utilities: | | | | | | | | | | | | |
| Gas | | | | | | | | | | | | |
| Water | | | | | | | | | | | | |
| Electricity | | | | | | | | | | | | |
| Trash | | | | | | | | | | | | |
| Maintenance | | | | | | | | | | | | |
| Repairs | | | | | | | | | | | | |
| Property Taxes | | | | | | | | | | | | |
| Property Insurance | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
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| Other: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |



Application Year Information (12-month period prior to filing this Application)

| | Income | | | | | | | | | | | |
|--------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
| Rent Income | | | | | | | | | | | | |
| Ancillary Income | | | | | | | | | | | | |
| (i.e, income from | | | | | | | | | | | | |
| laundry, vending | | | | | | | | | | | | |
| machines etc.) | | | | | | | | | | | | |
| | Expenses | | | | | | | | | | | |
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
| Utilities: | | | | | | | | | | | | |
| Gas | | | | | | | | | | | | |
| Water | | | | | | | | | | | | |
| Electricity | | | | | | | | | | | | |
| Trash | | | | | | | | | | | | |
| Maintenance | | | | | | | | | | | | |
| Repairs | | | | | | | | | | | | |
| Property Taxes | | | | | | | | | | | | |
| Property Insurance | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
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