



LOS ANGELES COUNTY
CONSUMER & BUSINESS AFFAIRS

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LOS ANGELES COUNTY
 DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS
RENTAL HOUSING OVERSIGHT COMMISSION
 320 WEST TEMPLE STREET, G-10, LOS ANGELES, CA 90012-2706
 Phone: (800) 593-8222 | Website: rent.lacounty.gov

**APPLICATION TO SERVE AS A
 COMMISSIONER ON THE
 RENTAL HOUSING OVERSIGHT
 COMMISSION**

Note: Your application to be on the Rental Housing Oversight 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:
 - **A renter** whose primary residence is a dwelling unit subject to the Los Angeles County Rent Stabilization and Tenant Protections Ordinance (RSTPO) (Los Angeles County Code, Chapter 8.52) **or a renter** whose primary residence is a mobile home park space subject to the Los Angeles County Mobilehome Rent Stabilization and Mobilehome Owner Protections Ordinance (MRSMOPO) (Los Angeles County Code, Chapter 8.57). Members must reside in the unincorporated area of Los Angeles County.
 - **An owner** of a dwelling unit subject to the RSTPO **or an owner** of a mobile home park that is subject to the MRSMOPO.
 - **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:

DRHOC@dcba.lacounty.gov

OR

**Los Angeles County Department of Consumer and Business Affairs
 Attention: Rental Housing Oversight Commission
 320 W. Temple St. Room G-10
 Los Angeles, California 90012**

OPEN UNTIL FILLED
THIS APPLICATION MAY CLOSE WITHOUT NOTICE



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The following apply to me:

I am one of the following or a representative of an organization that represents:

- Tenant(s)
- Mobilehome Owners(s)
- Landlord(s)
- Mobilehome Park Owner(s)

If you are a representative, which organization do you represent?

If you are a tenant or mobile home owner, what is the name and address of the building or mobile home park you live in?

Name and Address:

First Name _____ **Middle Name** _____ **Last Name** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Time at this address: _____
(If less than 2 years, provide previous address below).

Telephone Number: _____ **Email Address:** _____

Employment History:

Current Employer: _____

Occupation/Job Title: _____

Business Address: _____

Business Phone Number: _____ **Business Email Address:** _____

Employment History: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

