



Los Angeles  
**HOUSING+COMMUNITY**  
 Landlord Declarations Section  
 1200 W 7<sup>th</sup> Street, 1st Floor, Los Angeles, CA 90017  
 Rent hotline 866.557.7368 fax 213.808.8818  
 hcidla.lacity.org



Eric Garcetti, Mayor  
 Rushmore D. Cervantes,  
 Interim General Manager

RESERVED FOR HCIDLA USE

APN: \_\_\_\_\_ CD: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ CASE: \_\_\_\_\_

## Relocation Services/Demolition Monitoring Services Application

### PROPERTY INFORMATION

Address: \_\_\_\_\_

Unit No.: \_\_\_\_\_

City: \_\_\_\_\_

ZIP code: \_\_\_\_\_

### OWNER INFORMATION

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

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

I request HCIDLA's clearance of a demolition permit to be issued for no less than all of the units of this property.

### REASON FOR RELOCATION / DEMOLITION MONITORING APPLICATION

<input type="checkbox"/> Withdrawal of all units from the rental market (LAMC 151.09.A.10) (RSO)	<input type="checkbox"/> Eviction for compliance with a government agency order (LAMC 151.09.A11)
<input type="checkbox"/> Condo Conversion (LAMC 47.06) (RSO & Non-RSO)	<input type="checkbox"/> Permanent Relocation pursuant to Tenant Habitability Plan (LAMC 152.05.A)
<input type="checkbox"/> Demolition (LAMC 47.07) (RSO & non-RSO)	<input type="checkbox"/> HUD foreclosure (LAMC 151.09.A.12)
<input type="checkbox"/> Eviction for owner-occupancy / resident manager occupancy (LAMC 151.09.A8) (RSO)	<input type="checkbox"/> Non- Rental Removal of Vacant Units (LAMC 151.05)

### OWNER CERTIFICATION

I hereby declare, under penalty of perjury under the laws of the State of California, that the information provided in this form is true and correct to the best of my knowledge and belief. If the City determines that a higher Relocation Services Contractor Fee is due based on a different status of one or more of the units, I will compensate the City for the balance due. **All fees are non-refundable.**

Owner's signature: \_\_\_\_\_

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

## TENANT INFORMATION

1	Tenant Name & Phone Number	Unit #	Senior		Disabled		Minor Children		If ALL "No"	If ANY "Yes"	Total
			Yes	No	Yes	No	Yes	No	\$432	\$693	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SUBTOTAL :**

Demolition Monitoring Administrative Fee	<b>\$45</b>	X	_____	
Relocation Services Administrative Fee	<b>\$59</b>	X	_____	
Owner Occupancy/Resident Manager Application Fee	<b>\$75</b>	X	_____	
Relocation Services Application Fee <b>Underpayment</b> Balance	<b>\$261</b>	X	_____	

**Total Amount Due**