

## REHABILITATION WORK APPLICATION FOR RENT INCREASE

Los Angeles Housing + Community Investment Department

	INSTRUCTIONS: Fill out this application form using a typewriter of	•		ontained below.	
-	d assistance, call 866-557-RENT or 866-557-7368 or go to any	of the offices listed be	elow.		
FILE NU					
	te in this space.				
(1) Give the mailing address of the building. If the complex has several buildings, a separate application must be made for each building.  ADDRESS CITY / ZIP CODE		(2) Indicate the total number of dwelling units in the building.		(3) Give the Assessor's Parcel Number.	
(4) Give the name of the Government Agency ordering the repairs.		(5) Give the serial number of the rehabilitation order.		(6) Give the completion date of the rehabilitation.	
units th	be in detail the rehabilitations made. Itemize all work, beginning and lat benefited from the change. Repairs not ordered by the citing ago ditional sheets if necessary.			_	
ITEM NO.	WORK DESCRIPTION	DATE WORK BEGAN	DATE WORK	TOTAL COST	DWELLING UNITS BENEFITED
month of increase	he computations by which the Rehabilitation Costs are amortized. divided by 50 units = \$2 per month per unit. Approved rent increase e allowable is \$75 per unit.	es to continue until app			
(9) Give Ca	ase Numbers of previous applications submitted regarding this pro	perty.			
(10) Give tl NAME	he name of the owner of the building or the legal representative. In ADDRESS	clude the mailing addr CITY / ZIP CODE	ess and daytime	telephone number. PHONE NO.	
"I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE."					
Signature of Owner or Owner's Agent Date City, State				tate	
	-			-	

ATTACH PHOTO COPIES OF: (1) The Owner's Current Rent Registration Certificate.

(2) Certified copies of the Rehabilitation Order, City of L.A. Building & Safety

(3) All invoices, bids, financing, cancelled checks, and other releavant

papers, otherwise, your application will be rejected.

(4) Copy of Certificate of Compliance.

(5) Include \$25 fee for second and subsequent application filed during calendar year beginning January 1.

## COMPLETE THE REVERSE SIDE OF THIS FORM, OTHERWISE, YOUR APPLICATION WILL BE REJECTED.

6640 VAN NUYS BLVD.	2215 N. BROADWAY AVE.	690 KNOX ST., SUITE 125	
VAN NUYS, CA 91405	LOS ANGELES, CA 90031	LOS ANGELES, CA 90502	
3550 WILSHIRE BLVD.	8475 S. VERMONT AVE.	1645 CORINTH AVE.	CITY OF LOS ANGELES
15 <sup>TH</sup> FLOOR	2*DFLOOR	SUITE 104	
LOS ANGELES, CA 90010	LOS ANGELES, CA 90044	LOS ANGELES, CA 90025	
P.O. BOX 17280, LOS AI	NGELES, CA 90017-0280 - 866	-557-RENT = 866-557-7368 =	HTTP://HCIDLA.LACITY.ORG

Provide the complete name and the complete address of each tenant affected by the proposed rent increase. Type or print legibly. FAILURE TO FILL IN EACH BOX COMPLETELY WILL RESULT IN THIS APPLICATION BEING RETURNED WITHOUT ACTION.

FILE NUMBER:  Do not write in this space.	Assesor's Parcel Number:
List all names and addresses of tenants who will receive a rent increase.	Fill in the specific rent information for each unit.
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:
Name:	Present Rent:
Address:	Increase:
City, Zip Code:	New Rent:

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS. MAIL THIS COMPLETED FORM TO:

Los Angeles Housing + Community Investment Department Rent Stabilization Division/Case Analysis Section P O Box 57398 Los Angeles, CA 90057-0398



## REHABILITATION WORK RENT INCREASE CHECKLIST

Los Angeles Housing + Community Investment Department

## INSTRUCTIONS: TO BE COMPLETED BY LANDLORD OR LANDLORD'S AGENT AND SUBMITTED WITH A RENT INCREASE APPLICATION

FRON	OF APPLICATION	<u>YES</u>	<u>NO</u>	
1.	Is the address of the building complete?			
2.	Are the number of units filled in?			
3.	Is the current Assessor's Parcel Number filled in?			
4.	Are the descriptions of the work and itemized cost included?			
5.	Are the dates work begun indicated?			
6.	Are the dates work completed indicated?			
7.	Was the improvement completed within 12 months from the date of the application?			
8.	Is the total cost of each improvement shown?			
9.	Are the units benefiting from each improvement listed?			
10.	Are the computations shown?			
11.	Are case numbers of previous applications regarding the property shown?			
12.	Is the name of the owner or representative, including address, city, zip code,			
	and daytime phone number filled in?			
13.	Is the application signed, dated, and city and state filled in?			
BACK OF APPLICATION				
1.	Are the tenants' names filled in?			
2.	Is each tenant's address, including city, state, and zip code filled in?			
3.	Is the tenant's present base rent filled in?			
4.	Is the tenant's increase filled in?			
5.	Is the tenant's new rent filled in?			
MISCE	LLANEOUS INFORMATION			
1.	Are the invoices and/or cancelled checks in order?			
	Are invoices dated? Are contracts signed and dated?			
2.	Are necessary permits (if applicable), final inspection record, and/or certificate of			
•	compliance included?	<u> </u>		
3.	Are contractors' names and telephone numbers on invoices?			
4.	Is this the first application submitted this year for this property?			
	a. If not, did you enclose the \$25.00 filing fee?			

You <u>must</u> include copies of invoices or contracts and a valid Registration Certificate. Cancelled checks are acceptable when accompanied by invoices. Rent increases applied for <u>must</u> be described clearly on the invoice with the cost per item.

PLEASE NOTE: If any of the above questions are checked "no", then your application is unacceptable and will be rejected.

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