



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,  
 General Manager

RESERVED FOR LAHD USE

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ C.D.: \_\_\_\_\_ #: \_\_\_\_\_

**NOTICE TO LANDLORD:** The LAMC §151.09A14, mandates filing of this form with the Los Angeles Housing Department if you seek to recover possession of the rental unit to convert the subject property to an affordable housing accommodation in accordance with an housing exemption accommodation issued by the Department pursuant to Section 151.02 of this Code. If you fail to record a government imposed regulatory agreement within six months of the filing of the affordable housing exemption with the Department in accordance with Section 151.02 of this code you must file a Notice of Intention to Re-rent affordable Housing Accommodations with the Department. You must provide the tenants with "Affordable Housing Accommodation Notice to Landlord of Interest in Renewing Tenancy (Form A3).

**NOTICE OF INTENT TO EVICT TO CONVERT TO AN AFFORDABLE HOUSING ACCOMMODATION**

Property Address:	<u>Street Address</u>	<u>City</u>	<u>ZIP Code</u>
Legal Description:	<hr/> <hr/> <hr/> <hr/>		

**Landlord Declaration**

**I declare that I am the owner of the real property described above or the buyer on the purchase agreement, and I hereby notify the City of Los Angeles of my intent to evict to convert to an affordable housing accommodation. Pursuant to LAMC Sec. 151.09A23, certify that actions have been initiated as required by law to terminate any existing tenancies. I further declare, under penalty of perjury under the laws of the State of California, that the information provided on this form and all attached pages is true, correct, and complete. (All owners or buyers must sign; attach additional pages if necessary.)**

Owner 1	Owner 2 (IF APPLICABLE)	Owner 3 (IF APPLICABLE)
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____
Printed Name: _____	Printed Name: _____	Printed Name: _____
Address: _____	Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____	City, State, Zip Code: _____

## Notice of Tenant Relocation Assistance Requirements

Pursuant to LAMC §151.02 9 (5), relocation assistance shall be provided to an eligible tenant household based on the applicable provisions of the Uniform Relocation Act or the California Relocation Assistance Act; or the amount set forth in LAMC § 151.09G, whichever is greater.

### THE FOLLOWING ARE THE RELOCATION AMOUNTS AS PER LAMC SECTION 151.09G:

If any current tenant at a given rental unit is 62 years age or older, is disabled as defined in Title 42 U.S.C. §423, is handicapped as defined in CA Health & Safety Code §50072, or is residing with one or more minor children who are legally dependent on that tenant (as determined for federal income tax purposes), that tenant household is entitled to relocation assistance in accordance with the level set forth for Qualified Tenants in Los Angeles Municipal Code (LAMC) §151.09G. If no current tenant meets any of the above listed requirements, the tenant household is entitled to relocation assistance at the level set forth for all other eligible tenants in LAMC §151.09G.

Type of Tenant	Less than 3 years	3 years or more	Less than 80% AMI
Eligible	\$ 7,800	\$ 10,300	\$ 10,300
Qualified	\$16,500	\$19,500	\$19,500

If the rental unit is currently occupied by two or more tenants, each tenant shall be paid a pro-rata share. In accordance with LAMC §151.09G.2, the landlord shall pay relocation assistance amount owed to the tenant, either directly or via an escrow account in the tenant's name, within fifteen (15) days of service of a written notice of termination.

### HUD Area Median Income Limits 80% AMI (Los Angeles)

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$46,500	\$53,150	\$59,800	\$66,400	\$71,750	\$77,050	\$82,350	\$87,650

**The total number of rental units in the building(s) or structure(s) covered by this Notice is:**

**Provide the indicated information for all rental units in the building(s) or structure(s) covered by this Notice. Copy and attach additional pages if necessary. Please include and identify all vacant units.**

#	Unit Address Or location	Tenant Names for each Rental Unit	Current Rent	Date of Last Rent Increase
1				___/___/___
2				___/___/___
3				___/___/___
4				___/___/___
5				___/___/___