



Los Angeles Housing Department, Hearings Section
 P.O. Box 17340, Los Angeles, CA 90017-0340
 LAHD.LACITY.ORG - HOTLINE: 866-557-7368

DEPARTMENT USE

Case# _____

APN: _____

RELOCATION AMOUNT DETERMINATION APPEAL FORM

(You have **15 days** to appeal from the date of the relocation determination letter. If there is a compelling reason for late filing you must include an explanation of why you filed late.)

PROPERTY INFORMATION

Tenant's Address: _____ Unit No. _____

Owner Name: _____

PETITIONER'S INFORMATION (Person filing the appeal form)

Name: _____

Mailing Address: _____

Phone #: _____ Alternate Phone # _____

Email Address: _____

REASON FOR REQUESTING AN APPEAL OF THE DETERMINATION (LAMC 151.09.G):

Low Income Tenant Tenant Age (62+ years) Length of Tenancy

Minor Dependent Child Tenant Tenant Disability/Handicap

Reduced relocation amounts under LAMC 151.30.E "Mom and Pop". ONLY for owner/family occupancy evictions in RSO units.

LAHD's determination that the relocation amount is equal to one month's equivalent of rent under LAMC 165.06.A.(6). ONLY for evictions in Single Family Dwellings subject to the Just Cause Ordinance.

The above are the only appealable reasons. You may attach an explanation and supporting documentation you would like the Hearing Officer to review. Once your appeal form is received, you will be notified of the appeal hearing date and deadline to submit additional documents. Note: Documentation submitted is part of the public record available for all parties to review.

Petitioner's Signature: _____ Date: _____

\$300.00 Filing Fee made payable to "City of Los Angeles" must be included. (Check only one box for method of payment):

Check Money Order Low Income Exemption

Please mail your completed application, filing fee and supporting documents to: **Los Angeles Housing Department, Attention: Hearings Section, P.O. Box 17340, Los Angeles, CA 90017-0340**

Waiver Application for Appeal Filing Fee for Low Income Petitioners

**DEADLINE: 15 DAYS FROM POSTMARK
ON RELOCATION DETERMINATION LETTER**

CASE NO:

If you checked the Low Income Exemption box on the Appeal Form, you must complete this form and return it by the appeal deadline, which is **15 calendar** days from the postmark date of the Department's notification of its decision regarding tenant relocation assistance.

To qualify for an exemption from the appeal filing fee, your annual household earnings must be no more than 50 percent of the median income in the Los Angeles area (see chart below). If you do not qualify for an exemption, you must submit the \$300.00 filing fee before an appeal can be scheduled.

Provide the Number of Persons in the Household (all adults and children):

Provide your Household Yearly Income (all income earning adults): \$

I, _____, declare that the above information is true and correct to the best of my knowledge.

Signature:

Date:

2024 HUD Very Low Income Limits (50% AMI) Income Per Household Size

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$48,550	\$55,450	\$62,400	\$69,350	\$74,900	\$80,450	\$86,000	\$91,550

A tenant whose income is 50 percent or less of the Area Median Income, as adjusted for household size, as defined by the U.S. Department of Housing and Urban Development. (Effective April 1, 2024)

OFFICE USE ONLY:

Qualified for Fee Exemption: Yes No

By:

Date: