



**Regulatory Code & Compliance Bureau**  
**Landlord Declarations Section**  
 PO BOX 17100, Los Angeles, CA 90017  
 Tel: 866-557-7368  
 housing.lacity.gov

For Department Use

APN:  
 Case:  
 Amount Paid:

**RELOCATION SERVICES OR DEMOLITION MONITORING SERVICES APPLICATION**  
 Use this form with all Declarations of Intent to Evict, Ellis Act Withdrawals & Demolition Permit Clearance Request.

**PROPERTY INFORMATION**

Address:	
Unit No.:	
City:	ZIP Code:

**OWNER INFORMATION**

Name:		
Mailing Address:		
Business Phone:	Home Phone:	Cell Phone:
Email Address:		

**REASON FOR RELOCATION/DEMOLITION MONITORING APPLICATION**

Withdrawal of all units from the rental market

Condo Conversion

Demolition Permit Clearance. By checking this box and signing below you are declaring under penalty of perjury that all units are vacant and if tenants were evicted in order to demolish, they were paid relocation fees. You must provide a Clearance Summary Worksheet (aka demolition permit) and proof of relocation payment if tenants were evicted for no-fault.

Eviction for owner-occupancy/resident manager occupancy

Eviction for compliance with a government agency order

HUD Foreclosure

100% affordable housing project or Shelter as defined in LAMC Section 12.03 (Mayor's Exec. Directive No. 1)

**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.

<b>Print Owner's Name:</b>	
<b>Owner's Signature:</b>	<b>Date:</b>

On this page provide the information on whether any of the occupants in each unit is either at least 62 years or disabled or a minor child and calculate the totals. Write "Vacant" if not occupied. On page 3, provide the name and telephone number of each known occupant in each unit. CIRCLE Yes or No for each question, check one of the boxes A OR B and enter amount.

**Section A. RELOCATION SERVICES FEES PER HOUSEHOLD**

Unit Number	Is anyone in the unit 62 years or older?		Is anyone in the unit disabled?		Is anyone in the unit a minor child?		Check box if "No" for ALL occupants (\$604)	Check box if "Yes" for ANY occupant (\$971)	TOTAL FEE AMOUNT FROM BOXES A OR B (write "Vacant" and \$0 if not occupied)
	A	B	Select A or B						
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Section A. RELOCATION SERVICES SUBTOTAL:</b>									
<b>Section B. Additional Fee Types</b>							Amount	# of Units	Total Per Fee Type
Demolition Monitoring Administrative Fee							\$45		
Relocation Services Administrative Fee							\$83		
Owner Occupancy/Resident Manager Application Fee							\$75		
Relocation Services Application Fee Underpayment Balance							\$367		
<b>TOTAL AMOUNT DUE</b>									
(Add Section A Relocation Services Fees and Section B Additional Fee Type)									

