



**Request for Permanent Relocation
within 15 Days of Receipt of Tenant
Habitability Plan
Seismic Retrofit Work**

To Landlord:

From Tenant:

Owner(s): _____
 Address: _____

 City, State: _____ Zip: _____
 Phone: () _____

Name(s): _____
 Address: _____
 Unit: _____
 City, State: _____ Zip: _____
 Phone: () _____

- I choose to voluntarily terminate my tenancy in exchange for permanent relocation assistance.
- I will move out of my unit no later than 60 days from the date I was served with the Notice of Seismic Retrofit Work.
- I am a bona fide tenant residing at the above address and am authorized to make this decision for all tenants in my unit.

Pursuant to Los Angeles Municipal Code sections 152.05A and 151.09G, my unit qualifies for the following permanent relocation assistance payment:

Effective July 1, 2018 thru June 30, 2019:

| Type of Tenant | Less than 3 years | 3 years or more | Low Income Limits |
|----------------|-------------------|-----------------|-------------------|
| Eligible | \$ 8,050 | \$10,550 | \$10,550 |
| Qualified* | \$16,950 | \$20,050 | \$20,050 |

*Qualified: someone in my unit is 62 years old or older; Disabled; has a dependent child under 18 years old.

2018 HUD Low Income Limits for Los Angeles (Formerly known as 80% of AMI):

| 1 Person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
|----------|----------|----------|----------|----------|----------|----------|-----------|
| \$54,250 | \$62,000 | \$69,750 | \$77,500 | \$83,700 | \$89,900 | \$96,100 | \$102,300 |

I hereby execute this Tenant Request for Permanent Relocation form as of the _____ day of _____, 20____.

Print Name _____ **Signature** _____

To elect permanent relocation assistance, a tenant must mail or personally deliver this form to the landlord within 15 days of being served the Tenant Habitability Plan. The landlord shall provide the Los Angeles Housing and Community Investment Department (HCIDLA) with a copy of this form within 15 days of receipt.

For questions, call **(866) 557- RENT**.

HCID #: _____ APN: _____ Received: ____/____/____ By: _____



Request for Permanent Relocation following a 30-Day or More Delay in Completion of Seismic Retrofit Work

To Landlord:

| | |
|-------------------------------|--|
| Owner(s): _____ | |
| Address: _____ | |
| City, State: _____ Zip: _____ | |
| Phone: () _____ | |

From Tenant:

| | |
|-------------------------------|--|
| Name(s): _____ | |
| Address: _____ | |
| Unit: _____ | |
| City, State: _____ Zip: _____ | |
| Phone: () _____ | |

I choose to voluntarily terminate my tenancy in exchange for permanent relocation assistance

I will move out of my unit no later than 30 days from the date I either mail or personally serve this form on my landlord.

I am a bona fide tenant residing at the above address and am authorized to make this decision for all tenants in my unit.

I received written notice from my landlord or from the Los Angeles Housing and Community Investment Department (HCIDLA) that the Soft-Story Retrofit work affecting my unit will take 30 or more days longer than the completion date indicated in the Tenant Habitability Plan or any later modification accepted by HCIDLA; **OR** I have not received written notice of a revised completion date from either my landlord or from HCIDLA and the work has now lasted longer than the completion date stated in the Tenant Habitability Plan by 30 or more days.

Pursuant to Los Angeles Municipal Code sections 152.05A and 151.09G, my unit qualifies for the following permanent relocation assistance payment:

Effective July 1, 2018 thru June 30, 2019:

| Type of Tenant | Less than 3 years | 3 years or more | Low Income Limits |
|----------------|-------------------|-----------------|-------------------|
| Eligible | \$ 8,050 | \$10,550 | \$10,550 |
| Qualified* | \$16,950 | \$20,050 | \$20,050 |

*Qualified: someone in my unit is 62 years old or older; Disabled; has a dependent child under 18 years old.

2018 HUD Low Income Limits for Los Angeles (Formerly known as 80% AMI):

| 1 Person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
|----------|----------|----------|----------|----------|----------|----------|-----------|
| \$54,250 | \$62,000 | \$69,750 | \$77,500 | \$83,700 | \$89,900 | \$96,100 | \$102,300 |

I hereby execute this Tenant Request for Permanent Relocation form as of the _____ day of _____, 20_____.

Print Name _____ Signature _____

To elect permanent relocation assistance, a tenant must mail or personally deliver this form to the landlord within 15 days of being served written notice that Seismic Retrofit work will be delayed for 30 or more days longer than the completion date stated in the Tenant Habitability Plan or later approved modification. If no written notice of a revised completion date was served, a tenant may submit this form to the landlord at any time after the work has lasted for 30 days or longer than the completion date stated in the Tenant Habitability Plan. The landlord shall provide HCIDLA with a copy of this form within 15 days of receipt.

For questions, call **(866) 557- RENT**.