



# APPEAL FORM

## Tenant Appeal of Seismic Retrofit Work: Request for Hearing

### Tenant Information:

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

### Landlord Information:

Owner(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

I request a hearing to modify the Soft-Story Retrofit Plan dated: \_\_\_/\_\_\_/\_\_\_.

I request a hearing for the following reasons (attach additional pages if necessary):

Please describe:


I need an interpreter for the hearing and I cannot bring one with me.

Language spoken: \_\_\_\_\_

**\$35 Filing Fee [made payable to "City of Los Angeles – R.S.D."]** (check one)

Check

Money Order

Low Income Exemption (must complete affidavit on back of this page)

To request a hearing, you must submit this form and the filing fee within 15 days of your receipt of the Notice of Seismic Retrofit Work to:

**Housing and Community  
Investment Department  
Hearing Section  
P.O. Box 17340  
Los Angeles, CA 90017-0340**

Or in person to any of the Departments Public Counters  
([http://hcidla.lacity.org /PublicCounters](http://hcidla.lacity.org/PublicCounters))

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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



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### APPEAL FEE WAIVER REQUEST

I hereby request waiver of the \$35 hearing fee associated with my Request for Hearing to appeal the Tenant Habitability Plan dated: \_\_\_/\_\_\_/\_\_\_.

The following table lists the maximum annual income a tenant household may receive and be eligible for a fee waiver.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>\$44,400</b>	<b>\$50,750</b>	<b>\$57,100</b>	<b>\$63,450</b>	<b>\$68,550</b>	<b>\$73,600</b>	<b>\$78,700</b>	<b>\$83,750</b>

I, \_\_\_\_\_, declare that my household income does not exceed the limits shown in the above table for my household size and that this information is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**OFFICE USE ONLY:**

Qualified for Fee Exemption:       Yes       No

By: \_\_\_\_\_

Date: \_\_\_\_\_