

**Los Angeles Housing Department  
Rent Stabilization Division  
Case Analysis**

**APPLICATION FOR  
CAPITAL IMPROVEMENTS  
RENT INCREASE**

Authorized by L.A.M.C. Sec. 151.00 et seq.

**GENERAL INSTRUCTIONS:** Fill out this application form using a typewriter or a black ink pen. Please follow instructions contained below. If you need assistance, call **866-557-RENT** or **866-557-7368**. [www.lacity.org/lahd](http://www.lacity.org/lahd)

**FILE NUMBER:**  
Do not write in this space.

(1) Give the mailing address of the building. If the complex has several buildings, a separate application must be made for each building. <b>ADDRESS:</b> <span style="float: right;"><b>CITY / ZIP CODE</b></span>	(2) Indicate the total number of dwelling units in the building.	(3) Give the Current Rent Registration Certificate Number of the building.
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(4) Describe in detail the Capital Improvements. Itemize all work, beginning and completion dates, and costs, and indicate the dwelling units that benefitted from the improvements. Use additional sheets if necessary.

ITEM NO.	WORK DESCRIPTION	DATE WORK BEGAN	DATE WORK COMPLETED	TOTAL COST	DWELLING UNITS BENEFITED

(5) Show the computations by which the Capital Improvements are amortized. Example: Total cost = \$60,000 multiplied by 50% (per C.I. Ordinance) divided by 60 months = \$500 per month divided by 50 units = \$10 per month per unit. The maximum allowable rent increase is \$55 and may continue for a six (6) year period.

(6) Give Case Numbers of previous applications submitted regarding this property.

(7) Give the name of the owner of the building or the legal representative. Indicate the mailing address and daytime telephone number.

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY / ZIP CODE</b>	<b>PHONE NO.</b>
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"I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE."

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State

- ATTACH PHOTO COPIES OF:
- (1) The Owner's Current Rent Registration Certificate.
  - (2) All invoices, bids, financing, cancelled checks, and other relevant papers, otherwise, your application will be rejected.
  - (3) All necessary permits and final inspection documents.
  - (4) Include \$25 fee for second and subsequent application filed during the calendar year beginning January 1.

**COMPLETE THE REVERSE SIDE OF THIS FORM, OTHERWISE  
YOUR APPLICATION WILL BE REJECTED.**

Provide the complete name and the complete address of each tenant affected by the proposed rent increase. Type or print legibly.  
 FAILURE TO FILL IN EACH BOX COMPLETELY WILL RESULT IN THIS APPLICATION BEING RETURNED WITHOUT ACTION.

<b>FILE NUMBER:</b> Do not write in this space.	<b>Current Rent Registration Certificate Number:</b>
List all names and addresses of tenants who will receive a rent increase.	Fill in the specific rent information for each unit.
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____
Name: _____ Address: _____ City, Zip Code: _____	Present Rent: _____ Increase: _____ New Rent: _____

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS.  
 MAIL THIS COMPLETED FORM TO:

**Los Angeles Housing Department**  
**Case Analysis Section**  
**P O Box 57398**  
**Los Angeles, CA 90057-0398**

