

THE FOLLOWING INFORMATION IS SUBJECT TO DISCLOSURE:

LEGAL OWNERS NAME:

MAILING ADDRESS:

ST. NO.    FRAC.    DIR.    ST. NAME    TYPE    UNIT

     

CITY    STATE    ZIP CODE

  

Please check appropriate box:  Commercial     Residential



OFFICE OF FINANCE  
200 N. SPRING STREET  
CITY HALL  
ROOM 101  
LOS ANGELES, CA 90012  
(213) 626-9271

# CITY OF LOS ANGELES APPLICATION FOR RENTAL OF DWELLING UNITS

OR     
Social Security Number                      Federal Employer Identification Number

Enter your SOCIAL SECURITY NO. (if you are not required to report employment taxes or give tax statements to employees) - or - your FEDERAL EMPLOYER IDENTIFICATION NO. (if you are required to report employment taxes or give statements to employees)

ADDRESS OF RENTALS	NUMBER OF UNITS	DATE ACQUIRED (MM/DD/YYYY)	DATE SOLD (MM/DD/YYYY)	GROSS RECEIPTS (CALENDAR YEARS)			
				20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL GROSS RECEIPTS:				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The date total gross receipts first reached \$20,000 (if acquired after 1989) (MM/DD/YYYY)

**By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.**

Home (  )  -  Ext.   
(Between the hours 8:00 A.M. - 5:00 P.M.) Day Time Phone (  )  -  Ext.

Signature  Title  Date (MM/DD/YYYY)