



# City of Los Angeles Housing Department

Antonio R. Villaraigosa, Mayor  
Mercedes Márquez, General Manager

## RENT STABILIZATION PROGRAM

RESERVED FOR LAHD USE

**NOTICE TO LANDLORD:** Pursuant to CA Government Code Sec. 7060.4, the information provided on this form shall be treated as confidential by the Department for the purposes of the Information Practices Act of 1977 (Civil Code Sec. 1798 *et seq.*).

DO NOT SERVE TENANTS WITH A COPY OF THIS NOTICE.

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ C.D.: \_\_\_\_\_ #: \_\_\_\_\_

### NOTICE TO CITY OF CLAIMS FOR EXTENDED TENANCY

**Property Address:**

STREET ADDRESS

CITY

ZIP CODE

Please provide the indicated information for all rental units where a tenant claimed an entitlement for extended tenancy. Use the back of this form or attach additional sheets as necessary.

#	Unit Address or location	Tenant Name(s) for each Rental Unit	Basis for Claim	Date of Tenant's Written Claim
1			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
2			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
3			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
4			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
5			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
6			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
7			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
8			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___

### Landlord Declaration

*I declare, under penalty of perjury under the laws of the State of California, that the information provided on this form and all attached pages is true, correct, and complete.*

Landlord Signature:

Landlord Printed Name:

Date:

Agent Signature (if applicable):

Agent Printed Name:

Date:

Agent Address:

City, State, Zip Code:

Telephone:

#	Unit Address or location	Tenant Name(s) for each Rental Unit	Basis for Claim	Date of Tenant's Written Claim
9			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
10			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
11			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
12			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
13			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
14			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
15			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
16			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
17			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
18			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
19			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
20			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
21			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
22			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
23			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
24			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
25			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
26			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___
27			<input type="checkbox"/> 62 or older <input type="checkbox"/> Disabled	___/___/___