



**Request for Permanent Relocation
within 15 Days of Receipt of Tenant
PRIMARY RENOVATION PROGRAM
HABITABILITY PLAN**

To Landlord:

From Tenant:

Owner(s): _____ Address: _____ _____ City, State: _____ Zip: _____ Phone: (____) _____	Name(s): _____ Address: _____ _____ Unit: _____ City, State: _____ Zip: _____ Phone: (____) _____
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I choose to terminate my tenancy in exchange for the permanent relocation assistance listed below.

I will move out of my unit no later than 60 days from the date I am served the Notice of Primary Renovation 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 (check one):

Type of Tenant	Less than 3 years	3 Years or more	Less than 80% AMI
Eligible	<input type="checkbox"/> \$6,810	<input type="checkbox"/> \$9,040	<input type="checkbox"/> \$9,040
Qualified*	<input type="checkbox"/> \$14,850	<input type="checkbox"/> \$17,080	<input type="checkbox"/> \$17,080

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

HUD Area Median Income Limits 80% AMI (Los Angeles):

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 person
\$41,450	\$47,350	\$53,300	\$59,200	\$63,950	\$68,650	\$73,400	\$78,150

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 Housing Department with a copy of this form within 15 days of receipt.

For questions, call (866) 557- RENT.

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