

Application to Appeal Relocation Payment Determination



Eric Garcetti, Mayor

RESERVED FOR HCIDLA USE

APN: _____ - _____ - _____

CD: _____ CASE #: _____

Landlord Declarations Section

1200 W 7th Street, 1st Floor, Los Angeles, CA 90017

Rent Hotline 866.557.7368 Fax 213.808.8818

hcidla.lacity.org

PROPERTY INFORMATION

Address: _____ Unit No. _____

APN: _____ Council District: _____

Owner Name: _____

Owner Address: _____

PETITIONERS' INFORMATION

Name: _____

Address: _____

Business Phone:(_____) _____ Home Phone:(_____) _____ Cell Phone:(_____) _____

Email Address: _____

REASON FOR REQUESTING AN APPEAL OF THE DETERMINATION:

Income Age Length of Tenancy Family Status Disability Status

Petitioner's Signature: _____ Date: ____/____/____

\$200.00 Filing Fee made payable to "City of Los Angeles" must be included. Appeal must be received within fifteen calendar days of the date of the Department's notification of its decision regarding tenant relocation assistance (Check only one box):

Check Money Order Low Income Exemption Form

Please mail your completed application along with the filing fee to:

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

Application to Appeal Relocation Payment Determination

Appeal Filing Fee Exemption Application

**DEADLINE: 15 DAYS FROM POSTMARK
ON FINAL NOTIFICATION LETTER**

CASE NO:

If you checked the Low Income Hearing Fee Waiver form box on the Appeal the Higher Relocation Payment Determination Application form on the flip side of this page, you must complete this form and return it by the appeal request deadline, which is 15 calendar days from the postmarked date of the of the Department's notification of its decision regarding tenant relocation assistance.

To qualify for an exemption from the appeal filing fee, your annual household earnings must be no more than 50 percent of the median income in the Los Angeles area. If, you do not qualify for an exemption, you must submit the \$200.00 filing fee before an appeal can be scheduled.

Provide the Number of Persons in the Household (all adults and children):

Provide your Household Yearly Income (all income earning adults): \$

I, _____, declare that the above information is true and correct to the best of my knowledge.

Signature:

Date:

OFFICE USE ONLY:

Qualified for Fee Exemption: Yes No

By:

Date: