RELOCATION COUNSELING ASSISTANCE

Parcel Identification Number:_____-_____-_____TR#_____

Property Address:_____
    (Street Number)   (Street Name)   (Number of Units)

Landlord Information: **(Office Use Only)**
                                                                                 Date Received:

Name: _____Phone: (_____)_____

Mailing Address: _____

City, State, & Zip Code:_____

Tenant Information: (If additional space is required use reverse side of this form)

Name: _____Phone: (_____)_____

Name: _____Phone: (_____)_____

Address: _____
    (Street Number)   Street Name   (Unit #)

☐ Low-Income Tenant   ☐ Moderate-Income Tenant   ☐ Qualified Tenant - Specify:_____

Purpose of Eviction(s): ☐ Owner/Relative Occupancy ☐ Ellis Act ☐ Correction of Violation(s)
                    ☐ Foreclosure ☐ Other - Specify:_____

Calculation of Fees Owed:

Total number of units being evicted with Low/Moderate Income & Qualified* Tenant(s):

  *__Qualified Tenant__ = Senior citizen, disabled,
    minor dependent(s), and/or terminally ill   _____ × $800 = $_____

Total number of units being evicted with Standard Tenant(s)   _____ × $500 = $_____

Total Amount of Relocation Counseling Fees Owed to the City of West Hollywood:
                                                            $_____

FINANCE CODE: RELO

Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached pages, including documentation, are true correct and complete.

Signature:_____   Date:_____

Print Name: _____

NOTICE: Acceptance of fees shall not constitute approval by the City of the applicant's compliance with the tenant relocation assistance provisions of the West Hollywood Rent Stabilization Ordinance or other legal requirements. Fees shall be non-refundable.

OFFICE USE ONLY

APPROVED_____DATE_____ COMMENTS:_____

DENIED_____DATE_____ _____

AMOUNT PAID: _____ CHECK NO._____

Tenant Information: (continued from front)

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
       (Street Number)   Street Name   (Unit #)

☐ Low-Income Tenant   ☐ Moderate-Income Tenant   ☐ Qualified Tenant - Specify:_____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
       (Street Number)   Street Name   (Unit #)

☐ Low-Income Tenant   ☐ Moderate-Income Tenant   ☐ Qualified Tenant - Specify:_____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
       (Street Number)   Street Name   (Unit #)

☐ Low-Income Tenant   ☐ Moderate-Income Tenant   ☐ Qualified Tenant - Specify:_____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
       (Street Number)   Street Name   (Unit #)

☐ Low-Income Tenant   ☐ Moderate-Income Tenant   ☐ Qualified Tenant - Specify:_____

Name: _____ Phone: (_____) _____

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       (Street Number)   Street Name   (Unit #)

☐ Low-Income Tenant   ☐ Moderate-Income Tenant   ☐ Qualified Tenant - Specify:_____