



APPEAL FORM Tenant Appeal of Seismic Retrofit Work Request for Hearing

Tenant Information:

Name(s):	_____
Address:	_____
Unit:	_____
City, State:	_____ Zip: _____
Phone:	() _____

Landlord Information:

Owner(s):	_____
Address:	_____
City, State:	_____ Zip: _____
Phone:	() _____

I request a hearing to modify the Tenant Habitability Plan (THP) for Seismic Retrofit Work dated ___/___/___.

I request a hearing for the following reasons (attach additional pages if necessary):
Rent increase appeals will be scheduled for hearing, but will not postpone work.

Please describe:

I need an interpreter for the hearing and I cannot bring one with me.
Language spoken: _____

PLEASE TAKE NOTICE:

Sign Language Interpreters, Communication access Real-Time Transcription, Assistive Listening Devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability, you are advised to make your request at least 72 hours prior to the meeting you wish to attend. Due to difficulties in securing Sign Language Interpreters, five or more business days notice is strongly recommended.

For additional information regarding reasonable accommodation, please contact: Chi Thang at (213) 808-8685.



APPEAL FORM Tenant Appeal of Seismic Retrofit Work Request for Hearing

\$35 Filing Fee [made payable to “City of Los Angeles – R.S.D.”] (check one)

Check

Money Order

Low Income Exemption (must complete affidavit on back of this page)

Appeals must be filed within **15 calendar days** of the date your landlord served you with a copy of the THP and Notice of Seismic Retrofit Work.

Submit forms and fees to:
**Los Angeles Housing and Community
Investment Department - Hearing Section
P.O. Box 17340, Los Angeles, CA 90017-0340**

Or in person to any of its Public Counters
(<http://hcidla.lacity.org/PublicCounters>)

For questions, call **(866) 557- RENT**.

Date: _____

Signature: _____

Print Name: _____

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



APPEAL FORM Tenant Appeal of Seismic Retrofit Work Request for Hearing

APPEAL FEE WAIVER REQUEST

I hereby request waiver of the \$35 hearing fee associated with my Request for Hearing to appeal the Tenant Habitability Plan dated: ___/___/____.

The following table lists the maximum annual income a tenant household may receive and be eligible for a fee waiver. Limits for Los Angeles 2018

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300

I, _____, declare that my household income does not exceed the limits shown in the above table for my household size and that this information is true and correct to the best of my knowledge.

Date: _____

Signature: _____

Print Name: _____

OFFICE USE ONLY:

Qualified for Fee Exemption: Yes No

By: _____

Date: _____