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 Soft-Story Retrofit Plan dated: ___/___/____.

I request a hearing for the following reasons (attach additional pages if necessary)**:**

Please describe:

❑ **I need an interpreter for the hearing and I cannot bring one with me.**

Language spoken: _____

$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)

To request a hearing, you must submit this form and the filing fee <u>within 15 days</u> of your receipt of the Notice of Seismic Retrofit Work to:

Housing and Community Investment Department Hearing Section P.O. Box 17340 Los Angeles, CA 90017-0340

Email: hcidla.gmhearings@lacity.org

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

Date: _____

Signature: _____

Print Name: _____

HCID #: _____   APN: _____

Received: ___/___/_____   By: _____

THPS 08/17/2020

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.

2020 HUD Low Income Limits for Los Angeles (Formerly known as 80% of AMI):

1 Person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
$63,100	$72,100	$81,100	$90,100	$97,350	$104,550	$111,750	$118,950

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: _____