



KAREN BASS, MAYOR  
ANN SEWILL, GENERAL MANAGER

## LAHD REFUND REQUEST REQUIREMENTS

Assessor's Parcel Number (APN): \_\_\_\_\_ Date: \_\_\_\_\_

Claim Amount: \$ \_\_\_\_\_

All refund requests are subject to approval from Billing administrators, Senior Appeal administrators and Rent & Code Accounting. **Failure to provide the following documentation will delay the processing of your refund.**

1. Fill out the enclosed Claim for Refund Application completely. All Claim for Refund Applications must be signed before they will be considered.
2. Submit proof of payment:
  - For check payments, submit a copy of the front and back of the canceled (cleared) check. The canceled (cleared) check image must be obtained from your bank.
  - For credit card payments, submit a copy of the credit card statement.
  - For payments made on the LAHD website, submit the payment confirmation number.
  - For payments made at a LAHD public counter, provide a copy of the receipt.
3. For Senior Appeals, submit the Code Determination Letter and Senior Inspector Appeal Form along with the above two requirements.

Note: In accordance with Division 5, Chapter 10, Article 1, Section 5.170 of the Los Angeles Administrative Code, claims for refunds must be submitted within twelve (12) months from the date of payment. This time limitation is applicable regardless of whether there is a pending request for penalty fee waiver, exemption claim, senior inspector appeal, RSO determination, or unit count review.

Mail the signed application to:

**LAHD**  
**Rent & Code Accounting**  
**P.O. Box 17280**  
**Los Angeles, CA 90017**

Reminder: Please keep a copy for your records.

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ACCOUNTING DIVISION-RENT & CODE  
 P.O. BOX 17280, LOS ANGELES, CA 90017  
[housing.lacity.org](http://housing.lacity.org)



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# CLAIM FOR REFUND APPLICATION

				APN:	
Name of Claimant:		First	Middle	Last	
Check will be made payable to name provided.					
Mailing Address:		City		State	Zip Code
Phone Number: ( )		Email Address:			
Property Address:		City		State	Zip Code
Date Paid:	\$ Amount Paid:		\$ Amount Claimed:		

Explain the details of the events leading to the filing of this claim and attach supporting documentation where applicable. If more space is required, please attach additional page.

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I hereby certify that the above statements are true.		
Signature and Title of Claimant		Date

**All claims for refund must be filed with LAHD within one year of the payment date. Claims without proof of payment will be rejected. Valid proof of payment includes the front and back image of the canceled (cleared) check, a credit card statement, online payment confirmation number from LAHD website, or a LAHD public counter receipt.**

For Departmental Use:

<b>DENIED:</b> _____	No proof of payment	Outstanding invoices	No credit available	Worklog: _____
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Remarks:

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