



Los Angeles Housing Department  
 1200 W. 7<sup>th</sup> Street, Suite 100, Los Angeles, CA 90017  
 LAHD.LACITY.ORG - HOTLINE: 866-557-7368

DEPARTMENT USE

Case# \_\_\_\_\_

APN: \_\_\_\_\_

**RELOCATION AMOUNT DETERMINATION APPEAL FORM**

(You have **15 days** to appeal from the date of the relocation determination letter.)

**PROPERTY INFORMATION**

Tenant's Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Owner Name: \_\_\_\_\_

**PETITIONER'S INFORMATION (Person filing the appeal form)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**REASON FOR REQUESTING AN APPEAL OF THE DETERMINATION:**

- Low Income Tenant     Tenant Age     Length of Tenancy
- Minor Dependent Child Tenant     Tenant Disability/Handicap
- Reduced relocation amounts under LAMC 151.30.E "Mom and Pop" ONLY for  
owner/family occupancy evictions

Per the Los Angeles Municipal Code 151.09G, the above are the possible reasons for appeal.

You may attach an explanation and supporting documentation you would like the Hearing Officer to review.

Petitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$300.00 Filing Fee made payable to "City of Los Angeles" must be included.** (Check only one box for method of payment):

- Check                       Money Order                       Low Income Exemption

Please mail your completed application, filing fee and supporting documents to: **Los Angeles Housing Department, Attention: Hearings Section, P.O. Box 17340, Los Angeles, CA 90017-0340**

## Waiver Application for Appeal Filing Fee for Low Income Petitioners

**DEADLINE: 15 DAYS FROM POSTMARK  
ON RELOCATION DETERMINATION LETTER**

**CASE NO:**

If you checked the Low Income Exemption box on the Appeal Form, you must complete this form and return it by the appeal deadline, which is **15 calendar** days from the postmark date 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 (see chart below). If you do not qualify for an exemption, you must submit the \$300.00 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:

### 2022 HUD Very Low Income Limits (50% AMI) Income Per Household Size

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$41,700	\$47,650	\$53,600	\$59,550	\$64,350	\$69,100	\$73,850	\$78,650

A tenant whose income is 50 percent or less of the Area Median Income, as adjusted for household size, as defined by the U.S. Department of Housing and Urban Development. (Effective April 18, 2022)

#### OFFICE USE ONLY:

Qualified for Fee Exemption:     Yes             No

By:

Date: