

APPLICATION FOR A REPLACEMENT UNIT DETERMINATION HOUSING ELEMENT (HE) - CA Government Code Section 65583.2(g)(3)

To receive a Replacement Unit Determination, please complete the following and attach all required documentation. Please attach an explanation for any information you are unable to provide. Please put project address at the top of all attachment pages submitted.

| HIMC # | | | | | | | |
|---|------------------------|-----------------|---------------|--|--|--|--|
| HIMS # | | | | | | | |
| (For internal use only) | | | | | | | |
| HE Processing Fees | 3 | | | | | | |
| | Number of Units | Total Fee | Check Amount: | | | | |
| Per Unit Fee: per unit | | | Check Number: | | | | |
| | | | Check Date: | | | | |
| Property Owner | | 0 (1) | | | | | |
| Name: | | Contact Persor | 1: | | | | |
| Address: Phone: | Fax: | Cell: | Email: | | | | |
| FIIONE. | rax. | Cell. | Ellidii. | | | | |
| Owner Contact | | | | | | | |
| Name: | | Title: | | | | | |
| Address: | | | | | | | |
| Phone: | Fax: | Cell: | Email: | | | | |
| Applicant (if differen | t from Owner) | | | | | | |
| Name: | | Contact Person: | | | | | |
| Role in Property: | | Address: | | | | | |
| Phone: | Fax: | Cell: | Email: | | | | |
| Project Type (Select all that apply): Proposed Project Type (Check one): Apartment Condo Small Lot Subdivision Discretionary Entitlements with DCP? (Check one): Yes No Description of PROPOSED construction/conversion: | | | | | | | |
| | | | | | | | |
| Building Permit Application Number(s): | | | | | | | |
| If no Building Permit A | pplication, please exp | lain: | | | | | |
| City Planning Dept. Case #(s) and Tentative Tract #(s): | | | | | | | |

EXISTING PROPERTY (include ALL existing buildings within the last 5 years in complex - attach additional pages if needed)

| attaon additional pages il necaca, | | | | | |
|--|-----------------|------------------------|-------|--|--|
| APN Number(s): | | | | | |
| Lot Number(s): | | | | | |
| Does this property have a Certificate of Occup | ancy issued or | n or before October 1, | 1978? | | |
| Are there any residential dwelling units withdrawn from rent or lease within the last 10 years? If yes, provide the date. | | | | | |
| Does this property have a re | ecorded lot tie | ? | | | |
| Building Address/Unit #s: Building # of Bedrooms # of Bedrooms # of Bedrooms # of Bedrooms # of Bedrooms # of B | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Add To | tal Units in Complex: | | | |
| Description of existing units, buildings or APN within the last five years | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Miscellaneous project details, notes, comments, etc. | | | | | |
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Required Documents

Please mail or email to: Los Angeles Housing Department (LAHD)

Applicant's Affidavit + Owner's Acknowledgment (with letter signed by owner of record and notarized).

Letter of Application (List units within the last 5 years, including unit #, unit square footage, and number of bedrooms).

Tenant Information Table:

- •If unit is rented, list the occupant's name, unit number, rent amount, occupancy dates, contact information and the bedroom type/count of the unit they occupied.
- •If unit is not rented, explain its current use and give date last renter vacated.

Tenant Income Verification Documents – Refer to the occupant's Request for Information form.

Owner Occupancy Proof (LAHD may request additional documentation if conflicting information is found):

- •If Home Owner Exemption was taken, provide copies of Property Tax Documents for each year of the 5 year look back period. The mailing address should match and the owner should not claim the Home Owner Exemption on any other property.
- •If Home Owner Exemption was NOT taken, provide copies of the owner's car registration, homeowner's insurance, or other LAHD approved third-party documents within the 5 year look back period.

Vacancy Proof:

- •Provide a copy of the Department of Water and Power (DWP) bill with activity periods covering the date of application.
- •For the purposes of affordable unit replacement exemption, if the property was vacant for the entirety of the 5 year look back period, provide each DWP bill within the 5 year period.

Grant Deed (Recorded).

Ellis documents, tenant relocation documents (RSO units), if applicable.

City Planning Determination and/or Vesting/Tentative Tract Letters, if applicable.

Owner and Tenant Affidavit on Tenant Rights (completed and signed by both parties).

Single Family Dwelling (SFD) Declaration Form, if applicable.

Los Angeles Housing Department (LAHD)
ATTN: Land Use Section
Re: Replacement Unit Determination (HE)
1910 Sunset Blvd, Ste 300, Los Angeles, CA 90026

IMPORTANT - SUBORDINATIONS WILL BE REQUIRED, IF APPLICABLE

| OWNER | UNDERS | TANDS | THAT | ANY | CITY | LAND | USE | COVEN | TNAN | GENERA | TED | FOLLO | WING | THE |
|----------------|-----------|--------------|----------------|--------|-------|--------|-------------|--------|-------|---------------|--------|--------|--------|-------------|
| COMPLE | TION OF | THIS [| DETERM | INATIO | N, ML | JST BE | <u>SENI</u> | OR TO | ANY | DEED(S) | OF | TRUST | RECOF | RDED |
| AGAINST | THE REA | L PROI | PERTY C | N WHI | CH OV | VNER'S | PROP | OSED P | ROJE | CT WILL ! | SIT AI | ND THA | T OWNI | ER IS |
| RESPON | SIBLE FO | R OBTA | AINING S | SIGNAT | URES | FROM | THEIR | RESPE | CTIVE | LENDER | (S) F | OR ANY | REQU | IRED |
| SUBORD | INATION(S | S). INIT | IAL HER | E: | | | | | | | | | | |

All documentation must be received within 30 days of the date this application was signed by Owner. For additional questions, please contact LAHD at <u>LAHD-LandUse@LACity.org</u>

| Date: |
|--|
| Signature of Owner |
| Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. |

| Date: | |
|-------------------|--|
| То: | Los Angeles Housing Department (LAHD) ATTN: Land Use Section - Replacement Unit Determination (HE) 1910 Sunset Boulevard, Suite 300 Los Angeles, California 90026 |
| Re: _ | |
| | Address (including apartment or unit number/s) |
| | (All APN Numbers) |
| | OWNER'S AFFIDAVIT (Use when owner is the applicant) |
| other: | [circle one: a LLC, LP, corporation, ("Owner") hereby certifies that: |
| (1) Ov | vner is the legal owner of the above-referenced real property ("Property"); and |
| | at the person(s) identified below ("Authorized Signatory/ies") has/have been legally rized to sign on its behalf as evidenced by the separate instrument(s) attached herewith; |
| inform that th | e documents furnished to LAHD in conjunction herewith, represent the full and complete nation required for the Replacement Unit Determination requested for the Property and ne facts, statements and information presented are true and correct to the best of its edge and belief. |
| Owne and co | r declares under penalty of perjury under the State of California that the foregoing is true orrect. |
| | *Attach California Notary Public Acknowledgement |
| Execu | tted on at, California (City) |
| Print F | Full Name of Authorized Signatory/ies: |
| Signa | ture of Authorized Signatory/ies: |
| | (additional signature lines may be added as needed) |

| Date: | | | | | |
|---|---|--|--|--|--|
| To: | Los Angeles Housing Department (LAHD) ATTN: Land Use Section - Replacement Unit Determination (HE) 1910 Sunset Boulevard, Suite 300 Los Angeles, California 90026 | | | | |
| Re: _ | | | | | |
| | Address (including apartment or unit number/s) | | | | |
| | (All APN Numbers) | | | | |
| | APPLICANT'S AFFIDAVIT AND OWNER'S ACKNOWLEDGMENT (Use when Applicant and Owner are separate entities) | | | | |
| | [circle one: an LLC, LP, corporation, | | | | |
| other: | ("Applicant") hereby certifies that: | | | | |
| ("Prop | plicant is the potential future developer of the above-referenced real property erty") owned by [circle one: an LLC, LP, corporation,("Owner"); and | | | | |
| àutho | at the person(s) identified below ("Authorized Signatory/ies") has/have been legally rized to sign on Owner's behalf as evidenced by the separate instrument(s) attached ith; and | | | | |
| inform that th | e documents furnished to LAHD in conjunction herewith, represent the full and complete ation required for the Replacement Unit Determination requested for the Property and be facts, statements and information presented are true and correct to the best of its edge and belief. | | | | |
| Applicant declares under penalty of perjury under the State of California that the foregoing is true and correct. | | | | | |
| | *Attach California Notary Public Acknowledgement | | | | |
| Execu | ted on, California | | | | |
| | ted on, California (City) | | | | |
| Print F | Full Name of Authorized Signatory/ies: | | | | |
| Signat | ture of Authorized Signatory/ies: | | | | |
| | (additional signature lines may be added as needed) | | | | |

OWNER'S ACKNOWLEDGMENT:

Owner and/or Applicant must also attach hereto:

A letter from the Owner [on business letterhead as applicable] to the City, attesting to ownership of the Property and confirming that Applicant is the potential future developer of the Property, that Owner is aware of, has no objections to, and authorizes the Applicant to submit an Replacement Unit Determination to LAHD for its Property.

- If the Owner is an LLC, the letter must be signed by all Managers or Managing Members.
- If the Owner is a LP, the letter must be signed by all General Partners.
- If the Owner is a Corporation, the letter must be signed by the CEO and Secretary or Chief Financial Officer.