



RELOCATION FOR OWNER/RELATIVE OCCUPANCY (INSTRUCTIONS)

8300 Santa Monica Blvd., West Hollywood, CA 90069 p: (323) 848-6450 Email: rsh@weho.org

Section 17.52.010(12) of the West Hollywood Municipal Code permits an owner to permanently relocate a tenant if the unit is intended to be occupied by the landlord or his/her qualifying relative. These instructions serve as a guide to further understand the process for complying with the requirements of the Rent Stabilization Ordinance to relocate a tenant from a dwelling unit for owner or relative occupancy.

Eligibility

- **Ownership** - The landlord must be a real person and hold legal title of at least 50% of the property or be a beneficiary with an interest of at least 50% in a trust that owns the property. LLC's and Corporations are not qualified as a *real person*.
- **Qualifying Relative** - Includes an owner's spouse, grandparent, parent, child, grandchild, brother or sister, by birth or adoption.
- **One Year Residency Requirement** - The landlord or their relative in good faith intends to reside in the unit for at least one full year after termination of the tenancy. The landlord or relative must move into the unit as their primary place of residence within 90 days of the tenant's move-out.
- **One Relocation Every 6 Years** - There may only be one such relocation on a property in a 6-year period. *The only exception is a duplex—two adjoining units that are the only units on the entire parcel.* If two persons purchased the duplex together and each buyer owns 50% share in the property, then each one may evict a tenant if they want to occupy the unit as their principal residence - not for relative occupancy.

Choosing the Tenant to be Relocated

Do's

The landlord may:

- Choose the number of bedrooms that they need and then must relocate the most recent tenant in a unit of this size.
- Relocate the next newest tenant if the landlord or their qualifying relative can prove a medical need. Documentation is required from the person's licensed physician stating the medical basis.

Don'ts

The landlord may not:

- Take possession of a unit if a comparable unit is already vacant or becomes vacant and available during the noticing period. If a unit becomes vacant, the landlord must rescind the notice to vacate.
- Terminate the tenancy of a tenant who is terminally ill or where the lease term has not expired.
- Give a relocation notice to the next newest tenant if the most recent tenant's lease term has not expired or the most recent tenant is terminally ill.

Note: The unit's rent is not decontrolled during vacancy when the landlord or their qualifying relative moves out of the unit. The tenant being relocated may ask for the right-of-first refusal to move back into the unit if the landlord or the relative moves out.

The rent for the next tenancy in either case, will be based on the Maximum Allowable Rent for the tenancy terminated by relocation plus the intervening annual general adjustments from the time the owner or their qualifying relative moved in until the unit is re-rented.

Qualifications for Relocation Fees (Informational Guide Attached)

Landlords are required to pay relocation fees to tenants displaced through a no-fault eviction. All tenants living in one unit of housing are collectively entitled to one fee as delineated in the attached relocation fee informational guide.

Noticing Requirements (Form Attached)

- The landlord **must** issue a “60-Day Notice to Terminate Tenancy for Owner/Relative Occupancy” to the tenant, only on the form approved by the City (see attached form). The tenant may not waive the noticing requirement.
- The landlord **must** pay the relocation fee at the time the “60-Day Notice to Terminate Tenancy” is served to the tenant. The 60-Day noticing period will not start until the appropriate fees have been paid to the tenant and all required documents are submitted to the City as listed below.
- The landlord must instruct the tenant that within thirty (30) days of receiving the notice of termination of tenancy they must request the right-of-first refusal to move back into the unit and file with the City a copy of their notice of interest to re-rent. In addition, the tenant must be instructed on how to report to the landlord any future address changes.

Tenant Relocation Counseling Assistance - (Form Attached)

The landlord must submit a completed “Relocation Counseling Assistance” form to the Rent Stabilization and Housing Division. A fee made payable to the City of West Hollywood is collected from the landlord to cover the costs of relocation services which are provided to the tenant through an outside agency.

IMPORTANT

The 60-Day noticing period does not begin until the Rent Stabilization and Housing Department receives **all** of the documents listed below:

- Copy of the “60-Day Notice to Terminate Tenancy” served to the tenant(s).
- Proof that the relocation fees have been paid to the tenant(s).
- Completed *Relocation Counseling Assistance* form.
- Proof that the relocation counseling fees have been paid.

The Division has ten (10) days to check whether the notices meet the Ordinance's standards for relocating a tenant. Be advised that the Division may revoke this approval if after notifying the tenant and landlord, it determines that the approval was granted based on false or misleading information.

Exemption Status for Owner/Relative Occupied Unit – (Form Attached)

Units that are owner/relative-occupied may be exempted from payment of annual registration fees while the owner or relative resides in them. The landlord must submit an Exemption Application at the time the owner/relative has occupied the unit. Exemption applications must be submitted by July 1st of each year or the unit will not be considered exempt until the next registration fee billing period. Fees already paid for the year will **not** be refunded for the part of the fiscal year after the unit first becomes owner/relative-occupied.

Frequently Asked Questions

Question:

If the landlord is a corporation, can the corporation evict a tenant for owner/relative occupancy?

Answer:

No. In order to a evict a tenant for owner/relative occupancy, the landlord must be an individual who has legal title of at least 50% of the property

Question:

Can a landlord evict a tenant if they need to occupy a unit for medical reasons?

Answer:

Yes. The Ordinance permits a landlord to evict a tenant if a licensed physician certifies that the landlord has certain physical or medical requirements or needs full-time medical assistance which requires the use of a different unit's amenities. Other special provisions apply in this circumstance and parties are encouraged to contact an Information Coordinator in the Department.

Question

Are any tenants protected from being relocated for owner/relative occupancy?

Answer:

Yes. Terminally ill tenants may not be relocated for owner/relative occupancy.

Question:

Can a tenant be evicted if a comparable unit becomes available?

Answer:

If the vacant unit has the same number of bedrooms and amenities as the unit of the tenant being relocated, the landlord must withdraw the relocation notice. The tenant must return the relocation fee to the landlord.

Question:

When must the landlord pay the relocation fee to the tenant?

Answer:

The relocation fee is due when the tenant is given the 60-Day Notice to Terminate Tenancy. The 60-day notice is not valid if the fee is not paid when the notice is served to the tenant.

Question:

What happens if the tenant refuses to move at the end of the sixty days, when they have been given proper notice and the relocation fee?

Answer:

If the tenant does not vacate the unit within the 60-day period, they may be taken to court for an eviction. In addition, the tenant may have to refund the relocation fees paid by the landlord.

Question:

Is the rent decontrolled during vacancy when the landlord/relative moves out?

Answer:

No. Following a notice by a landlord to terminate a tenancy unilaterally for no fault of the tenant, the unit is not decontrolled during the vacancy after the landlord/relative moves out. The current Maximum Allowable Rent will still be the basis for rent. If the relocated tenant requested the right-of-first refusal to move back into the unit, the landlord must contact the tenant before putting the unit on the market. The landlord must also notify the City that the unit is going back onto the rental market

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60-DAY NOTICE TO TERMINATE TENANCY FOR OWNER/RELATIVE OCCUPANCY

8300 Santa Monica Blvd., West Hollywood, CA 90069 p: (323) 848-6450 Email: rsd@weho.org

Pursuant to the City of West Hollywood Rent Stabilization Ordinance Section 17.52.010(12) an owner may permanently relocate a tenant if the unit is intended to be occupied by the landlord or a qualifying relative. If eligibility is met, the landlord must provide the tenant with a 60-Day Notice to Terminate Tenancy pursuant to the following requirements:

- ✓ The landlord **must** issue a “60-Day Notice to Terminate Tenancy for Owner/Relative Occupancy” to the tenant, only on the form approved by the City (see reverse side). The tenant may not waive the noticing requirement.
- ✓ The landlord **must** pay the relocation fee at the time the “60-Day Notice to Terminate Tenancy” is served to the tenant. The 60-Day noticing period will not start until the appropriate fees have been paid to the tenant and all required documents are submitted to the City.
- ✓ The landlord must instruct the tenant that within thirty (30) days of receiving the notice of termination of tenancy they must request the right-of-first refusal to move back into the unit and file with the City a copy of their notice of interest to re-rent. In addition, the tenant must be instructed on how to report to the landlord any future address changes.

Any inquiries regarding this form may be directed to a Rent Stabilization & Housing Division Information Coordinator by calling (323)848-6450.

60-DAY NOTICE TO TERMINATE TENANCY FOR OWNER/RELATIVE OCCUPANCY

To: _____ (names)

Tenant(s) in possession of the premises at, _____
(Street Address) (Unit #)
in the City of West Hollywood, County of Los Angeles, California.

Our records show that the current rent for this unit (without the \$6 Pass-through Reg. Fee) is: \$ _____

The current tenancy's move-in date was: _____
Month/Year

You are hereby notified that effective 60 DAYS from the date of service on you of this notice, the tenancy by which you hold possession of the premises is terminated for the purpose of owner/relative occupancy in accordance with Section 17.52.010(12) of the Rent Stabilization Ordinance of the City of West Hollywood. Upon the date of termination, you are required to vacate and surrender possession of the premises.

You may contact the owner of the property in writing within 30 days of receiving this notice and request the right-of-first refusal to re-rent the unit when the owner moves out and offers the unit for rent again. You must keep the landlord advised of any future address changes if you remain interested in re-renting the unit.

The following person(s), residing at the given address(es), intend(s) to occupy the unit for 12 months or more consecutively as their primary place of residence:

Name of future occupants: _____
(All persons moving into the unit)

Relationship to landlord: _____
(If owner not moving in, describe the relationship to landlord of person moving in.)

Currently residing at: _____
(Current Street Address of proposed occupants - City/State/Zip Code)

Check all that apply:

The landlord has determined that they or their relative needs a unit with _____ bedrooms and you are the newest tenant in a unit with this number of bedrooms.
(No. of Bdrms)

The landlord or their relative has the following medical need for an amenity in your unit and you are the most recent tenant in a unit with this amenity (attach physician's documents describing medical need):

(Describe the physical need not met by a more recent tenant's unit)

This notice has been served along with payment of \$ _____ in check/money order/cashier's check/cash (circle payment type), as relocation fees in accordance with Rent Stabilization Ordinance Sections 17.52.010(12) and 17.52.020.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached pages, including documentation, are true, correct and complete.

Owner's Signature _____ Date _____
Street Address _____ City _____ State _____ Zip _____ (_____) _____
Phone Number

A copy of this notice must be submitted to the Rent Stabilization and Housing Division (RSHD). RSHD will notify tenant and landlord that it has received the notice and that the notice meets or does not meet the standards of the Code based on Division records. If the RSHD finds that the notice meets the Code based on its records, it will inform the tenant of the Code's requirements and how to notify the Division and landlord if the tenant has evidence or records to show that the relocation does not comply with the Ordinance. Tenant should file a copy of interest in re-renting with RSHD.



RELOCATION COUNSELING ASSISTANCE

8300 Santa Monica Blvd., West Hollywood, CA 90069 p: (323) 848-6450 Email: rsd@weho.org

Parcel Identification Number: _____ - _____ - _____ TR# _____

Property Address: _____
(Street Number) (Street Name) (Number of Units)

Landlord Information:

Name: _____ Phone: (_____) _____

Mailing Address: _____

City, State, & Zip Code: _____

Tenant Information: (If additional space is required use reverse side of this form)

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
(Street Number) (Street Name) (Unit #)

Low Income Tenant Moderate Income Tenant Qualified Tenant* - Specify: _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
(Street Number) (Street Name) (Unit #)

Low Income Tenant Moderate Income Tenant Qualified Tenant* - Specify: _____

Purpose of Eviction(s): Owner/Relative Occupancy Ellis Act Correction of Violation(s) Foreclosure
 Other – Specify: _____

Calculation of Fees Owed:

Total number of units being evicted with Low/Moderate Income & Qualified Tenant(s): _____ X \$640.00 = \$ _____

Total number of units being evicted with Standard Tenant(s): _____ X \$400.00 = \$ _____

Total Amount of Relocation Counseling Fees Owed to the City of West Hollywood: \$ _____

Declaration:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached pages, including documentation, are true correct and complete.

Signature: _____ Date: _____

Print Name: _____

* **Qualified Tenant:** Senior citizen, disabled, minor dependent(s), terminally ill.

Tenant Information: (continued from front)

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
(Street Number) (Street Name) (Unit #)

Low Income Tenant Moderate Income Tenant Qualified Tenant* - Specify: _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
(Street Number) (Street Name) (Unit #)

Low Income Tenant Moderate Income Tenant Qualified Tenant* - Specify: _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
(Street Number) (Street Name) (Unit #)

Low Income Tenant Moderate Income Tenant Qualified Tenant* - Specify: _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
(Street Number) (Street Name) (Unit #)

Low Income Tenant Moderate Income Tenant Qualified Tenant* - Specify: _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Address: _____
(Street Number) (Street Name) (Unit #)

Low Income Tenant Moderate Income Tenant Qualified Tenant* - Specify: _____

NOTICE: Acceptance of fees shall not constitute approval by the City of the applicant's compliance with the tenant relocation assistance provisions of the West Hollywood Rent Stabilization Ordinance or other legal requirements. Fees shall be non-refundable.

Office Use Only

| | | |
|----------------|------------|------------------------------------|
| APPROVED _____ | DATE _____ | COMMENTS: _____ |
| DENIED _____ | DATE _____ | _____ |
| ENTERED _____ | DATE _____ | AMOUNT PAID: _____ CHECK NO. _____ |

* **Qualified Tenant:** Senior citizen, disabled, households with minor dependent(s), terminally ill.



EXEMPTION APPLICATION

8300 Santa Monica Blvd., West Hollywood, CA 90069 p: (323) 848-6450 Email: rsd@weho.org

Parcel Identification Number: _____ - _____ - _____

Property Address: _____ (Street Number) _____ (Street Name)

Landlord/Agent Information:

Name: _____ Phone: (_____) _____

Mailing Address: _____

City, State, & Zip Code: _____

Add an Exemption: Unit No.: _____ Date the Exemption Started: _____

(Please check one category, and provide additional documentation and information as requested)

- The owner now occupies the unit as their principal residence.**
(Submit a copy of utility bill or other document which demonstrates residency.)
- The owner's relative now occupies the unit.**

Name of occupant: _____

Relationship to owner: _____
(Submit a copy of utility bill or other document which demonstrates residency.)

- Conversion of the unit to a non-rental use, as defined by §17.24.010(a)(10) of the Rent Stabilization Ordinance (RSO).**

Describe the use _____

Remove an Exemption: Unit No.: _____ Date the Exemption Ended: _____

(Please check the type of exemption that is being terminated. If no base rent has been established for this unit you must file the Base Rent Initialization form within thirty (30) days of renting the unit. Registration fees may be due on this unit from the date the exemption was terminated through the next June 30th).

- The owner or their relative no longer occupies the unit.**
- Non-rental restored to residential rental use.**
- Returned to market after withdrawal of property.**
- No longer occupied by tenant under a Section 8 contract.**

Declaration:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached pages, including documentation, are true, correct and complete.

Signature: _____ Date: _____

Print Name: _____

Office Use Only

| | | |
|----------------|------------|-----------------|
| APPROVED _____ | DATE _____ | COMMENTS: _____ |
| DENIED _____ | DATE _____ | _____ |
| ENTERED _____ | DATE _____ | _____ |

Instructions for Exemption Application

Exemptions are **not** automatic. Landlords must apply and submit proof acceptable to the Rent Stabilization and Housing Division. The exemption is not effective until approved by the Division. Rent Stabilization Regulations Section 50003(a)(2), states that if the ownership of a property or unit which has been granted an exemption changes, the new owner shall be allowed a one-hundred eighty (180) day grace period in which to apply for an exemption. If the new owner fails to apply within that period, the exemption shall terminate automatically, effective with the date of ownership change. Consequently, landlords will be required to pay pro-rated registration fees from the date the exemption was terminated through the next June 30th. This section shall only apply to exemptions granted for uses pursuant to WHMC§ 17.24.010(a)(9) and (10). The grace period for probate properties shall begin when probate is settled.

According to Rent Stabilization Regulations Section 50003(b)(2), an exemption may be revoked if it is determined that the exemption was obtained through misrepresentation of the facts by the landlord, or if the use entitling a landlord to an exemption for a particular property or unit has changed. **A copy of this application must be served on the occupants of the rental unit for which the landlord is seeking an exemption, or posted in a conspicuous location on the property, within five (5) business days of filing.**

Who Should Use This Form?

Landlords wishing to exempt a unit(s) for any of the following purposes:

- Units occupied by the landlord or the following relatives of the landlord: parent, grandparent, brother, sister, or child by blood or adoption.
- Units used for non-rental common-area purposes such as storage areas, laundry rooms, or community rooms.

Who Should Not Use This Form?

- Landlords who wish to apply for a building-wide exemption such as Non-Profit use under Section 501(c)(3) of the Internal Revenue Code; institutional; or commercial use.
- Condominium or single family home owners requesting a permanent exemption under RSO §17.24.010(a)(11) or (12).
- Properties removed from the rental market in accordance with Section 17.52.010(15) – Ellis Act.

Please be advised that an individual unit does not qualify for an exemption just because the landlord chooses to keep it vacant.

How to Complete this Form

Property Address:

Print or type the address of the property in question. *You are required to file an exemption application for each unit that you wish to be considered.*

Landlord/Agent Information:

Print or type the mailing address of the landlord, including a daytime phone number where the landlord or agent may be reached.

To Add an Exemption:

You must complete this section if you are filing to add an exemption to a property. Type or print the unit number of the unit you wish to exempt. Type or print the date the landlord or landlord's relative first began occupying the rental unit, or the date the unit was first converted to a non-rental use. Then check the type of exemption you are applying for, and attach the information and documentation requested under that section.

To Remove An Exemption:

Print or type the unit number of the unit you wish to remove the exemption. Print or type the date the unit lost its exempt status due to a change in conditions (the landlord or their relative moved out; the unit is being restored to a residential rental use, etc.). Check the box which describes the type of exemption you want to remove.

Signature:

Read the declaration carefully, sign and date the form. Print or type your name below the signature. This form will not be processed without the signature of the landlord or the landlord's agent.