

THE FOLLOWING INFORMATION IS SUBJECT TO DISCLOSURE:

LEGAL OWNERS NAME:

MAILING ADDRESS:

ST. NO.	FRAC.	DIR.	ST. NAME	TYPE	UNIT
<input type="text"/>					
CITY			STATE	ZIP CODE	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

Please check appropriate box: Commercial Residential



OFFICE OF FINANCE
200 N. SPRING STREET
CITY HALL
ROOM 101
LOS ANGELES, CA 90012
(844) 663-4411

CITY OF LOS ANGELES APPLICATION FOR RENTAL OF DWELLING UNITS

<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number				Federal Employer Identification Number		

Enter your SOCIAL SECURITY NO. (if you are not required to report employment taxes or give tax statements to employees) - or - your FEDERAL EMPLOYER IDENTIFICATION NO. (if you are required to report employment taxes or give statements to employees)

ADDRESS OF RENTALS	NUMBER OF UNITS	DATE ACQUIRED (MM/DD/YYYY)	DATE SOLD (MM/DD/YYYY)	GROSS RECEIPTS (CALENDAR YEARS)			
				20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL GROSS RECEIPTS:				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The date total gross receipts first reached \$20,000 (if acquired after 1989) (MM/DD/YYYY)

By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.

Home () - Ext.

(Between the hours 8:00 A.M. - 5:00 P.M.) Day Time Phone () - Ext.

Signature Title Date (MM/DD/YYYY)