

LOS ANGELES HOUSING DEPARTMENT

**SOCIAL SERVICE AGENCIES
OWNER'S CONTACT LIST**

(To be submitted to Los Angeles Housing Department)

To: LOS ANGELES HOUSING DEPARTMENT

From:

(Property Owner Name)

Date:

Property Address:

(City)

(Zip)

Listed below are the social service agencies I have chosen to use for the affirmatively marketed units at the above property:

CITYWIDE

(You must choose a minimum of two agencies)

1. _____ 2. _____
3. _____ 4. _____

AREA 1: EAST/NORTHEAST LOS ANGELES

(You must choose a minimum of one agency)

1. _____ 2. _____
3. _____ 4. _____

AREA 2: SOUTH CENTRAL LOS ANGELES

(You must choose a minimum of one agency)

1. _____ 2. _____
3. _____ 4. _____

AREA 3: CENTRAL LOS ANGELES
(You must choose a minimum of one agency)

1. _____ 2. _____
3. _____ 4. _____

AREA 4: SAN FERNANDO VALLEY
(You must choose a minimum of one agency)

1. _____ 2. _____
3. _____ 4. _____

AREA 5: WEST LOS ANGELES
(You must choose a minimum of one agency)

1. _____ 2. _____
3. _____ 4. _____

AREA 6: HARBOR
(You must choose a minimum of one agency)

1. _____ 2. _____
3. _____ 4. _____