



Tenant Appeal of Tenant Habitability Plan: Request for Hearing

**PRIMARY
RENOVATION
PROGRAM**

Tenant Information:

Landlord Information:

Name(s): _____
 Address: _____
 Unit: _____
 City, State: _____ Zip: _____
 Phone: () _____

Owner(s): _____
 Address: _____
 City, State: _____ Zip: _____
 Phone: () _____

I request a hearing to modify the Tenant Habitability Plan dated: ___/___/___.

I request a hearing for the following reasons (attach additional pages if necessary):

Please describe:

I need an interpreter for the hearing and I cannot bring one with me.

Language spoken: _____

\$35 Filing Fee [made payable to "City of Los Angeles – R.S.D."] (check one)

Check

Money Order

Low Income Exemption (must complete affidavit on back of this page)

To request a hearing, you must submit this form and the filing fee within 15 days of your receipt of the Notice of Primary Renovation Work to:

**Los Angeles Housing Department
Hearing Section
P.O. Box 17340
Los Angeles, CA 90017-0340**

For questions, call (866) 557- RENT.

Date: _____

Signature: _____

Print Name: _____

LAHD #: _____ APN: _____
 Received: ___/___/___ By: _____



PRIMARY
RENOVATION
PROGRAM

Tenant Appeal of Tenant Habitability Plan: Request for Hearing

APPEAL FEE WAIVER REQUEST

I hereby request waiver of the \$35 hearing fee associated with my Request for Hearing to appeal the Tenant Habitability Plan dated: ___/___/____.

The following table lists the maximum annual income a tenant household may receive and be eligible for a fee waiver.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$42,450	\$48,500	\$54,600	\$60,650	\$65,500	\$70,350	\$75,200	\$80,050

I, _____, declare that my household income does not exceed the limits shown in the above table for my household size and that this information is true and correct to the best of my knowledge.

Date: _____ Signature: _____

Print Name: _____

OFFICE USE ONLY:

Qualified for Fee Exemption: Yes No

By: _____ Date: _____