

TENANT HABITABILITY PLAN

LAHD use only	
LADBS #	_____
<input type="checkbox"/> Accepted	____/____/____ By: _____
<input type="checkbox"/> Cleared	____/____/____ By: _____

1. Property Information

Address _____		City _____		Zipcode _____
APN # _____	Year Built _____	Total Units _____	Occupied Units _____	

2. Owner and Designated Contact Person Information

Name	Address	City	Zip	Phone
Owner	_____	_____	_____	()
Contact Person	_____	_____	_____	()

3. General Contractor Information

License #	Name	Address	City	Zip	Phone
_____	_____	_____	_____	_____	()

4. Contractor Responsible for Hazardous Material Abatement Not Applicable

License #	Name	Address	City	Zip	Phone
_____	_____	_____	_____	_____	()

5. Overall Project Scope of Work

Check all boxes that apply. Then describe overall work to be done.

Plumbing
 Electrical
 Mechanical
 Structural
 Hazardous Material Abatement
 Related Work
 Other Work

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6. Will Any Work Be Undertaken in Response to a Government Order? Yes No

If any of the work is in response to an Order to Repair, Notice to Comply or similar government order, attach a copy of the order and describe briefly below.

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7. Estimated Duration of Overall Work

Projected Start Date	____/____/____	Projected Finish Date	____/____/____
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8. Estimated Cost of Overall Work

Primary Renovation & Related Work	\$ _____	+ Other Improvements with a useful life of 5+ years	\$ _____	= Estimated Total	\$ _____
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UNIT #(s)	
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9. Scope of Work for Individual or Similar Units
 (Provide additional information in Section 15 if necessary)

Projected Start Date		Projected End Date		Est. Cost of Primary Work	\$		Est. Cost of Other Work	\$	
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Plumbing
 Electrical
 Mechanical
 Structural
 Hazardous Material Abatement
 Related Work
 Other Work

Description

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10. Impact of Work on Habitability of Individual or Similar Units

From	Through	Impact	Description
		<input type="checkbox"/> Noise	
		<input type="checkbox"/> Utility Interruption	
		<input type="checkbox"/> Hazardous Material Exposure	
		<input type="checkbox"/> Fire Safety Interruption	
		<input type="checkbox"/> Total/Partial Inaccessibility	
		<input type="checkbox"/> Tenant Services Disruption	

11. Mitigation of Impacts on Individual or Similar Rental Units

Check appropriate boxes below. If tenants will remain in place during any of the work, describe work practices in Section 15.

Work will not create untenable conditions at any time and tenant will remain in place
 Unit will be returned to habitable condition outside of 8 am- 5 pm, M-F, and tenants will not be exposed to hazardous material at any time
 Tenants will be relocated for <30 days in a Habitable Unit:
 Same building
 Another building
 Hotel/Motel
 Other _____
 Tenants will be relocated for ≥30 days in a Comparable Unit:
 Same building
 Another building
 Other _____

12. Temporary Relocation (Provide additional information in Section 15 if necessary) Not Applicable

From		Through		Distance from Current Unit		miles
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Name & Address of Replacement Housing

Any Housing Services Lost?
 None
 Cooking facilities
 Pet accommodations
 Free laundry
 Other _____

Compensation for Lost Services

13. Impact of Primary Renovation Work on Tenant Personal Property & Mitigation Measures

Work areas must be cleared of furnishings & other property. Identify:
 Tenant furnishings & other property will be exposed to theft, elements, or other hazards.
 Other impact on tenant personal property. Describe:

Measures used to protect tenant property from damage or loss

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14. Identification of Affected Tenants						
Name of Primary Tenant(s) or Head of Tenant Household	Address	Unit No.	Phone No.	Current Rent	Date of Last Rent Increase	Qualified Tenant* in Household?
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

* **Qualified Tenant** is a tenant who is (a) 62 years of age or older;(b) disabled, or (c) living with a dependent child under the age of 18.

DECLARATION OF SERVICE

I, _____, owner/applicant of _____
(print name) (property address)

have properly served to all affected tenants a copy of the Tenant Habitability Plan accepted by the Department, a Notice of Primary Renovation Work, a summary of the provisions of the Tenant Habitability Program, a copy of the non-confidential portions of the Tenant Habitability Plan, and, if applicable, a Permanent Relocation Agreement in the manner prescribed in Code of Civil Procedure Section 1162 (check one method and complete):

Personal service on _____ by _____ at _____
(Date and time) (Name of process server) (Location of service)

Substitute service on _____ by _____ at _____
(Date and time) (Name of process server) (Location of service)

to _____
(Name of person served)

Posted on _____ by _____ at _____
(Date and time) (Name of process server) (Location of service)

and mailed on _____ by _____
(Date and time) (Name of person who mailed notice)

This service is at least 60 days prior to the commencement of any proposed construction work.

I hereby declare that I am:

- the owner
- an authorized agent for the owner of the above referenced property

I certify, under penalty of perjury under the laws of the State of California, that the information stated herein is true, accurate and complete.

Signature

Date