
ELIGIBILITY APPLICATION TO RECOVER RENTAL UNIT FOR LANDLORDS OR ELIGIBLE RELATIVES

1. This Application is intended to be used for landlords seeking to **Recover Possession of their Rental Unit for occupancy for themselves or an eligible relative (§ 15.09.320.B.1).**
2. Section 15.09.320 of the Tenant Protection Ordinance allows landlords to recover possession of their Rental Unit under specific circumstances and qualify as a No Fault Termination. These circumstances include the following:
 - Permanent Removal from Rental Market (e.g. Ellis Act) (§ 15.09.320.A.2)
 - Demolition of the Rental Unit (§ 15.09.320.A.1)
 - Comply with a government agency's order to vacate, or any other order that necessitates the vacating of the rental unit (§ 15.09.320.D)
 - **Recover Rental Unit for occupancy for themselves or an eligible relative (§ 15.09.320.B.1)**
3. **Before completing this Application, please answer questions 9 through 21 to determine whether you are eligible to recover the Rental Unit.**
4. Applications shall be submitted by mail or in person to: City of Culver City, Housing and Human Services Department, 9770 Culver Blvd., Culver City, CA 90232, or by email to Rent.Control@CulverCity.org. Please note that all items must be included in the Application package in order for the Application to be considered complete.
5. All Applications will be reviewed by the Housing and Human Services Department ("Department") for completeness and the applicant will be notified of completeness or incompleteness subsequent to filing of the Application. If an Application is deemed to be incomplete, the Landlord will be notified in writing as to what additional information is required. The Application will be considered by the Director only after the Application has been deemed complete.
6. Within **5 calendar days** after the date the Landlord files this Application with the Department, the Landlord shall mail a copy of all pages of this Application by first class mail, postage prepaid, to the Tenant(s) whose Covered Rental Unit is the subject of the Application.
7. Within **10 calendar days after the date the Landlord** files this Application with the Department, the Landlord shall file with the City a proof of service signed under penalty of perjury stating that a copy of the Application were mailed to all such tenants.
8. If you have any questions about the Application process or forms, please contact the Housing and Human Services Department at (310) 253-5790 or Rent.Control@CulverCity.org

Eligibility for No Fault Eviction

<p>9. Is the Rental Unit being recovered for any of the following?</p> <p><input type="checkbox"/> Landlord</p> <p><input type="checkbox"/> Landlord's Spouse or Registered Domestic Partner</p> <p><input type="checkbox"/> Children</p> <p><input type="checkbox"/> Grandchildren / Parents / Grandparents</p> <p><i>If "Yes", please specify above and provide Full Name(s) here:</i></p> <p>-----</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>10. Will the Rental Unit being recovered be the Primary Residence of the Landlord of Eligible Relative?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>11. The Rental Unit must be occupied as the Primary Residence within three (3) months of the tenant household vacating the Rental Unit. What is the anticipated move in date?</p> <p><i>Please provide landlord/eligible relative Move-In Date here:</i></p> <p>-----</p> <p>What is the anticipated move-out date for the tenant household ?</p> <p><i>Please provide anticipated tenant Move-Out Date here:</i></p> <p>-----</p>		
<p>12. Will the Rental Unit continue to be occupied as the Primary Residence for at least three (3) years?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>13. Has <i>any</i> tenant in the Rental Unit continuously resided in the Rental Unit for at least ten years?</p> <p><i>Please provide Move-In Date and attach Lease, as necessary.</i></p> <p>-----</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>14. If the answer to #13 above is “Yes”, is a member of tenant’s household either:</p> <ul style="list-style-type: none"> a. 62 years of age or older; or b. disabled as defined in Title 42 United States Code § 423 or c. handicapped as defined in Cal. Health and Safety Code § 50072?¹ <p><i>If “Yes”, please specify:</i></p> <p>-----</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>15. Is any Tenant in the Rental Unit or member of tenant's household terminally ill as certified by a treating physician licensed to practice in the State of California?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>16. Is any Tenant in the Rental Unit a “low-income” tenant? (as defined in California Health and Safety Code Section 50079.5)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>17. Is the Rental Unit the primary residence of a school-aged (grades Pre-K-12) child enrolled in a school located in the public school district to which the Rental Unit is assigned, and the notice of termination requires that the Rental Unit be vacated during the current school term?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>18. Was the Rental Agreement signed after June 2020?</p> <p><i>If “Yes”, please complete next question.</i> <i>If No, please proceed to #21.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>19. If the answer to #18 above is “Yes”, does the Tenant agree, in writing, to the termination?</p> <p><i>If “Yes”, please provide a copy of the Agreement.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>20. Is there a provision of the rental agreement allows the landlord to terminate the rental agreement if the landlord, or their spouse,</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

¹ Handicapped” means a family in which the head of the household is suffering from an orthopedic disability impairing personal mobility or a physical disability affecting his or her ability to obtain employment or a single person with such a physical disability, where the family or person requires special care or facilities in the home. “Handicapped” also includes a family in which the head of household suffers from a developmental disability specified in subdivision (a) of Section 38010 or a mental disorder which would render him or her eligible to participate in programs of rehabilitation or social services conducted by or on behalf of a public agency, or a single person with such a developmental disability or mental disorder. “Handicapped” also includes an elderly or handicapped household, as defined in Section 19903 and subject to Part 4.5 (commencing with Section 19902) of Division 13.

<p>domestic partner, children, grandchildren, parents, or grandparents, unilaterally decides to occupy the Rental Unit?</p> <p><i>If "Yes", please provide a copy of the Rental Agreement.</i></p>		
<p>21. Have you pursued a no-fault eviction pursuant to this § 15.09.320.B.1 for the individual named in #9 above, either for this Rental Unit or for any other Rental Unit that you own in Culver City?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>22. Does the Rental Unit contain the same number of bedrooms needed by the landlord or the landlord's eligible relative, and is it the most recently occupied rental unit in the rental complex?</p> <p><i>If "No", please explain why you are applying to terminate the tenancy.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

23. If you have answered "No" to questions 9, 10, 11, 12, 19, 20, or 22, this Application does **not likely** qualify as a "No Fault" Eviction.

24. If you have answered "Yes" to questions 14,15, 16, 17, or 21, this Application does **not likely** qualify as a "No Fault" Eviction.

25. If this Application qualifies as a "No Fault" Eviction, please complete the next section.

26. Property Information

Street Address		AIN	
City	State	Zip	
# Residential Units on Property	Unit # Proposed for Recovery		
Year Built	Certificate of Occupancy Date	Owner Purchase Date	

27. Tenant Information

All Tenant Names	
Date Tenant(s) Moved In	

Current Monthly Rent ²		Date of Last Rent Increase	
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28. Owner Information (If there are more than two owners, attach additional pages.)

Owner 1					
Trust/LLC/Business Name					Ownership %
First Name				Last Name	
Email			Phone		
Mailing Address					
Street Address				Unit	
City			State		Zip
Owner 2					
Trust/LLC/Business Name					Ownership %
First Name				Last Name	
Email			Phone		
Mailing Address					
Street Address				Unit	
City			State		Zip

29. Authorized Agent Information (if applicable)

Instructions: Enter information for the person you authorize to sign documents related to this application for you.

First Name				Last Name	
Email			Phone		
Mailing Address					
Street Address				Unit	
City			State		Zip

². For approved applications, the Relocation Assistance amount will be the greater of the current rent or Small Area Fair Market Rents for the zip codes (90232, 90230, 90066), plus \$1,000.

30. Who is the primary point of contact for this application?

☐ Owner 1 ☐ Owner 2 ☐ Authorized Agent

31. Business Tax Certificate

Attach a copy of your Culver City Business Tax Certificate, if applicable. All residential rental properties with four (4) or more units being rented require a Business Tax Certificate.

32. Rental Registry

Attach a copy of the Culver City Rent Registration Certificate for the Unit you seek to recover. If you have submitted a Residential Rental Registration Form, but have not yet received your Certificate(s), attach a copy of the Residential Rental Registration Form

33. Certification

I understand that this Application, and any supporting attachments, are public documents and may be available for inspection by the public and the media, unless otherwise exempt from the California Public Records Act.

Under penalty of perjury under the laws of the State of California, I hereby certify that the foregoing information and that contained in this Application and any attached sheets is true and correct to the best of my knowledge and belief.

Under penalty of perjury under the laws of the State of California, I hereby certify that a copy of this Application will be mailed by first class mail, postage prepaid, to the tenants are the subject of this Application within five calendar days of filing this Application.

I hereby authorize and appoint the agent listed above to execute, under penalty of perjury, documents for this property. I agree to be bound by each document filed by this person to the same extent as if I had completed it myself.

Signature of Owner/Managing Partner	
Print First and Last Name	
Date	

Signature of Authorized Representative	
Print First and Last Name	
Date	