## Apartment Rent Stabilization Rent Adjustment Application - Capital Improvements

This application is made pursuant to City of Thousand Ordinance 956-NS and City Council Resolution 2011-046.
I. APPLICANT INFORMATION

Name of Applicant: $\qquad$
Mailing Address of Applicant: $\qquad$
City/State/Zip: $\qquad$
Name of Contact Person for this Application: $\qquad$
Phone No.: ( ) Email: $\qquad$

## II. APARTMENT PROJECT INFORMATION

Name of Apartment Project (if applicable): $\qquad$
Street Address(es) of Project: $\qquad$
Total Number of Apartment Units in Project: $\qquad$ No. of Rent-Controlled Units: $\qquad$
Specific Unit Number(s) of Rent-Controlled Unit(s): $\qquad$

## III. REQUESTED RENT ADJUSTMENT

Please attach an itemized schedule listing all the improvements and rehabilitation, by useful life category as set forth in Resolution 2011-046, for which the applicant is requesting reimbursement via a rent adjustment. Please include in the schedule the date(s) that the improvement(s) were put in service. Enter the sub-totals for each useful life category and the total value of the improvements below.

Cost of Three (3) Year useful life improvements
Cost of Five (5) Year useful life improvements
Cost of Seven (7) Year useful life improvements
Cost of Ten (10) Year useful life improvements
Cost of Fifteen (15) Year useful life improvements
Cost of Twenty Year (20) useful life improvements
Total amount of capital improvement reimbursement request
\$ $\qquad$
\$ $\qquad$
\$ $\qquad$
\$ $\qquad$
\$ $\qquad$
\$ $\qquad$
\$ $\qquad$

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Please summarize the requested rent adjustment below. The adjustment must be calculated on a per unit per month basis, spread equally over the total number of apartments benefitting from the improvement, and be amortized over the respective useful lives of the various improvements and rehabilitation work.

| Useful Life <br> Category | Total Cost from <br> Previous Section | Per Apartment <br> Per Month |  |  |
| :---: | :--- | :--- | :--- | :--- |
| 3 Year | $\$$ | $\$$ | Adjustment <br> Beginning <br> Date | Adjustment <br> Ending Date |
| 5 Year | $\$$ | $\$$ |  |  |
| 7 Year | $\$$ | $\$$ |  |  |
| 10 Year | $\$$ | $\$$ |  |  |
| 15 Year | $\$$ | $\$$ |  |  |
| 20 Year | $\$$ | $\$$ |  |  |
| Total | $\$$ |  |  |  |

1 Per apartment per month cost equals the total cost divided by the number of apartments benefitting and divided by the number of months of useful life.
Please also attach a chronological schedule of the requested rent adjustment for each unit, reflecting the beginning and ending dates of the various components listed above, so that the total rent adjustment can be tracked over time as the different cost components are amortized.

## IV. VERIFICATION AND DOCUMENTATION

1. Does the rent adjustment request include reimbursement for any new improvements or for replacement of an improvement before the end of its useful life? Yes $\qquad$ No $\qquad$
2. If the answer to question 1 is "yes," was the work necessary due to conditions caused by a force majeure or other good cause?

Yes $\qquad$ No $\qquad$

## Supporting Information Checklist:

Be sure the following are attached to the application, where applicable:

1. Itemized schedule of improvements and rehabilitation by useful life category.
2. Chronological schedule of requested rent adjustment.
3. Copies of all contracts, cancelled checks, paid invoices, and other documentation to verify the costs for which reimbursement is requested via this rent adjustment.

## V. APPLICATION PROCESSING REQUIREMENTS

1. The application is to be filed with the City of Thousand Oaks Community Development Department, 2100 Thousand Oaks Boulevard, Thousand Oaks CA 91362, either by mail or in person.
2. Each application shall be accompanied by a filling fee of Twenty Dollars (\$20.00) plus Five Dollars (\$5.00) Per Rent-Controlled Apartment (Ordinance 956-NS, Section VII B).

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3. Each application shall include an attached list of the names, apartment numbers and mailing addresses of all tenants in the apartment project whose controlled rent would be increased.
4. The application will be reviewed for completeness. The applicant will be notified within 30 days of filing if the application is complete and, if not, what additional information may be required from the applicant to make it complete.
5. When the application is determined to be complete, the Department will notify the applicant and each tenant whose rent would be increased with the information required by Ordinance $956-$ NS related to the nature of the work for which reimbursement is sought, the amount and duration of the rent increase, and the applicant's justification for the increase. The applicant shall make available to tenants for inspection a complete copy of the application, including all attachments, and shall provide a copy thereof at a reasonable direct cost of copying, if requested by a tenant. The applicant shall also notify the tenants of their right to object to the application for adjustment.
6. Within ten (10) days of accepting an application as complete, the Department shall provide notice of the date, time and place of the hearing to be held on the matter. The hearing shall be scheduled no sooner than ten (10) days and no more than forty-five (45) days after the date of the notice.

## VI. APPLICATION CERTIFICATION

I declare under penalty of perjury, that I/we,
am/are the (circle one) property owner, attorney of the property owner, or person with power of attorney from the property owner for the property listed above, and that the foregoing is true and correct, and that I am legally authorized to submit this application on behalf of the property owner. I fully understand and agree that all information filed with this application in support of this rent adjustment request is public information and may be reviewed by anyone.

If the applicant is a corporation, please attach the Name, Address and Title of all Officers. If the applicant is a general partnership, please attach the Names and Addresses of all General Partners.

