



# Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362  
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org  
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

John C. Prescott  
Community Development Director

## Mobile Home Rent Stabilization Rent Adjustment Application – Capital Improvements

This application is made pursuant to City of Thousand Oaks Municipal Code (TOMC) Section 5-25.06(a) and City Council Resolution 2011-046.

### I. APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of Contact Person for this Application: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

### II. MOBILE HOME PARK INFORMATION

Name of Mobile Home Park: \_\_\_\_\_

Mobile Home Park Street Address: \_\_\_\_\_

Total Number of Mobile Home Spaces:: \_\_\_\_\_

### 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. 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 \$ \_\_\_\_\_

Please summarize the requested rent adjustment below. Per Section 5-25.06(a) cited above, the adjustment must be calculated on a per space per month basis, spread equally over the

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total number of rentable spaces in the park, and be amortized over the respective useful lives of the various improvements and rehabilitation work.

Useful Life Category	Total Cost from Previous Section	Per Space Per Month <sup>1</sup>	Adjustment Beginning Date	Adjustment Ending Date
3 Year	\$	\$		
5 Year	\$	\$		
7 Year	\$	\$		
10 Year	\$	\$		
15 Year	\$	\$		
20 Year	\$	\$		
<b>Total</b>	<b>\$</b>			

<sup>1</sup> Per space per month cost equals the total cost divided by the number of rentable spaces and divided by the number of months of useful life.

Please also attach a chronological schedule of the requested rent adjustment for each space, 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. Were the expenditures for which reimbursement is requested made within five years of the date of this application? This is a Code requirement. Yes \_\_\_ No \_\_\_
2. Was a licensed contractor used for all work where required by law (Code requirement). Please attach a list of the contractors used, their license numbers, and the work performed. Yes \_\_\_ No \_\_\_
3. 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 \_\_\_ No \_\_\_
4. If the answer to question 3 is “yes,” was the work necessary due to conditions caused by a force majeure or other good cause? Yes \_\_\_ No \_\_\_
5. If the answer to question 3 is “yes” and the answer to question 4 is “no,” please attach documents to verify that the applicant has complied with all the special requirements of Thousand Oaks Municipal Code Section 5-25.06(a)(3), related to notice to tenants, election and balloting, and verification of the results.
6. What was the date of the annual meeting with tenants at which this application for reimbursement request was reviewed and discussed?

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. List of licensed contractors used (question 2) if applicable.

**IV. VERIFICATION AND DOPCUMENTATION (Cont.)**

4. Copies of all contracts, cancelled checks, paid invoices, and other documentation to verify the costs for which reimbursement is requested via this rent adjustment.
5. Verification of notice, election, and results per TOMC 5-25.06(a)(3).

**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 Space (Section 5-25.06 (a)(5)). Since the adjustment must be spread over all rentable spaces in the park, use that number of spaces for calculating the fee.
3. Each application shall include an attached list of the names, space numbers and mailing addresses of all tenants in the mobile home park whose 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, who is then required to provide a notice to each tenant whose rent would be increased with the information required by TOMC section 5-25.06(a)(6) related to the nature of the work for which reimbursement is sought, and the amount and duration of the rent increase. The applicant shall also make available 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 per TOMC 5-25.06(a)(7).
6. The application shall be processed per TOMC 5-25.06(a)(8) through 5-25.06(a)(12) and may involve a hearing, depending upon the individual circumstances of the application.

**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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Capacity/Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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.