



CITY OF INGLEWOOD

HOUSING PROTECTION DEPARTMENT



NO-FAULT JUST CAUSE EVICTION INTENT TO OCCUPY BY OWNER/CLOSE RELATIVE PACKET

| | Name of Form | # of Pages | Owner Instructions | Submit to HP By: |
|---|--------------|----------------|---|--|
| | 1 | 3 (2-sided) | Provides detailed instructions on the entire process for the Intent to Occupy by Owner/Close Relative Eviction. (Keep for your records) | |
| Forms 2, 3, 4 shall be served as a packet to the tenant(s). | 2 | 1 (2-sided) | Owner shall complete both sides of the notice, serve their tenant(s). (Keep a copy for records) | 3 Days fr service of 60 Day Ntc |
| | 3 | 1 (2-sided) | <ul style="list-style-type: none"> Owner shall serve the Instruction Sheet and the Tenant Assertion form with the Sixty-Day Notice. Tenants may complete this form to challenge termination of tenancy IF they meet certain exemption criteria. Tenant must return a completed copy to the <u>owner</u> within ten (10) calendar days of receiving the Sixty-Day Notice, (IF APPLICABLE). | 15 Days fr service of 60 Day Ntc |
| | 4 | 1 | <ul style="list-style-type: none"> Serve this form with the Sixty Day Notice IF more than one adult tenant is on the lease. All adult tenants shall complete, sign, and return to the owner within ten (10) calendar days of receiving the Sixty-Day Notice, (IF APPLICABLE). | 15 Days fr service of 60 Day Ntc |
| | 5 | 1 | <ul style="list-style-type: none"> Owners must complete and have this form notarized. Owner must submit a notarized copy to the HP Department within fifteen (15) calendar days after service to the tenant(s). | 15 Days fr service of 60 Day Ntc |
| | 6 | 1 (2-sided) | <ul style="list-style-type: none"> Owner shall complete this form IF the Owner or Close Relative who will occupy the unit is a senior, disabled, or terminally ill. Owner must submit a copy to the HP Department within fifteen (15) calendar days after service to the tenant(s), (IF APPLICABLE). | 15 Days fr service of 60 Day Ntc |
| Submit to HP Dept. no more than 60 Days After Tenant Vacates the Rental Unit. | 7 | 1 (2-sided) | <ul style="list-style-type: none"> Owner/Close Relative shall complete this form once the owner has recovered possession of the unit AND the owner or close relative is currently occupying the rental unit. The owner or close relative must submit this form and two (2) forms of supporting documentation to the HP Department within fifteen (15) calendar days of taking possession of the rental unit. | 15 Days AFTER Taking possession of rental unit. |
| | 8 | 1 | ONLY use this form IF after sixty (60) days the owner or close relative fails to occupy the rental unit. | |