

SIXTY (60) DAY NOTICE OF TERMINATION – OWNER INTENT TO OCCUPY

(Inglewood Municipal Code, Chapter 8, Article 9, Section 8-121 (11))

Issued On: _____ Effective Date, the expiration of sixty (60) days: _____

RENTAL UNIT INFORMATION

Resident(s): _____
(All Adult Occupants and All Others in Possession)

Premises: _____ Inglewood, CA _____
Address Apt # Zip Code

PLEASE TAKE NOTICE that within sixty (60) days after the date of service upon you of a copy of this Notice, you are required to quit and deliver up possession of the premises to the Owner who seeks in good faith to recover possession of the premises for use and occupancy by themselves or the Owner's spouse, domestic partner, children, grandchildren, parents, or grandparents.

OWNER OR CLOSE RELATIVE INFORMATION

Owner/Close Relative Name: _____
Current Address: _____
Relationship to Owner: _____

TENANT RELOCATION ASSISTANCE

Resident(s) are eligible to receive a relocation payment equal to three times the monthly rent upon termination of tenancy. If one or more minor(s) reside in the unit, the Base Relocation Fee shall be increased by \$2000.

Base Rent: \$ _____ x 3 months = \$ _____ + 1 or more Children \$2000 = \$ _____

In addition to the Base Relocation Fee, the owner shall pay existing tenant(s) an **Additional Relocation Fee** if any one tenant's status makes them eligible for such fee as follows:

Status	Additional Relocation Fee	Check ONLY One
Adult residing between 2 to 4 years	\$2,000	
Adult residing between 5 to 10 years	\$3,000	
Adult residing 11 or more years	\$5,000	
Disabled Adult or Senior	\$7,500	

NOTE: The Landlord shall ONLY pay the highest Additional Relocation Assistance for which any one Tenant of that Rental Unit qualifies.

Total Relocation Assistance = \$ _____

Owner has the option to select Direct Payment, Escrow Deposit or a Buyout Agreement for Relocation Assistance:

Owner elects to:

- Pay a relocation payment in the amount of \$ _____ within **15 calendar days** of service of this notice.
- Set up an Escrow Account. (The deposit must occur **prior** to service of a Notice to Terminate Tenancy. All costs of an escrow opened shall be borne by the Owner. Escrow instructions shall be approved by the Housing Protection Department.)

IF YOU FAIL TO VACATE, legal action will be instituted against you to recover possession of the premises, to declare the forfeiture of your rental agreement and/or to recover such damages as are allowed by law. This notice supersedes all prior notices to quit served upon you.

Date: _____ Owner / Agent: _____

DECLARATION OF SERVICE OF NOTICE TO RESIDENT(S)

I, the undersigned, declare that at the time of service of the papers herein referred to, I was at least (18) eighteen years of age, and that I served the following notice:

NOTICE OF TERMINATION OF TENANCY (OWNER INTENT TO OCCUPY)

on the _____ day of _____, _____ in one of the manners checked and set forth below:

(1) PERSONAL SERVICE

_____ By DELIVERING a copy of the Notice PERSONALLY to: _____

(2) SUBSTITUTE SERVICE AND MAILING

(To be used only in the event that Personal service cannot be completed)

_____ By LEAVING a copy of the Notice with _____

a person of suitable age and discretion at the residence or usual place of business of the resident(s), said resident(s) being absent thereof, and MAILING by first class mail on said date a copy to each resident(s) by depositing said copy in the United States Mail in a sealed envelope with postage fully prepaid, addressed to the resident(s) at their place of residence:

(Street Address) _____ Apt. # _____
City _____ State _____ Zip _____

(3) POSTING SERVICE AND MAILING

(To be used only in the event that Personal and Substitute service cannot be completed)

_____ By POSTING a copy of the Notice in a conspicuous place on the property therein described, there being no person of suitable age and discretion to be found at any known place of residence or business of said resident(s), and MAILING by first class mail on the same day as posted, a copy to each said resident(s) by depositing said copy in the United States Mail in a sealed envelope with postage fully prepaid, addressed to the resident(s) at their place of residence:

(Street Address) _____ Apt. # _____
City _____ State _____ Zip _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and if called as a witness to testify thereto, I could do so competently.

Executed this _____ day of _____, _____ at _____, California.

Print Name

Signature