



INSTRUCTION SHEET TO CONTEST TERMINATION OF TENANCY FOR INTENT TO OCCUPY BY OWNER OR CLOSE RELATIVE

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

NOTICE TO LANDLORD: THIS INSTRUCTION SHEET AND THE ACCOMPANYING FORM ON THE BACK SHALL BE INCLUDED WITH ANY NOTICE OF TERMINATION OF TENANCY DUE TO INTENT TO OCCUPY BY OWNER OR CLOSE RELATIVE.

PURPOSE: This form may be completed by a Tenant to challenge termination of tenancy due to Owner's intent to occupy the Rental Unit by the owner or close relative who seeks to recover possession of the Rental Unit in good faith for use and occupancy as a primary residence. Pursuant to Inglewood Municipal Code, Chapter 8, Article 9, Section 8-121 (11), if the tenant:

- (1) has lived in the unit for five or more years AND is a senior OR
- (2) has lived in the unit for five or more years AND is disabled OR
- (3) is certified as being terminally ill by a treating physician,

the tenancy **MAY NOT** be terminated on the basis of "Owner Move-In."

NOTE: Pursuant to Inglewood Municipal Code, Chapter 8, Article 9, Section 8-121 (11)(A), a Landlord **may evict** a Tenant who qualifies for the above exemption if the owner or close relative, who will occupy the unit, also meets the criteria for this exemption and no other vacant units are available. In this case, the Tenant shall be entitled to Relocation Assistance pursuant to Section 8-123(b).

INSTRUCTIONS: Tenant(s), to contest termination of tenancy for Owner or Close Relative Move-In for the reasons stated above, please complete the [Tenant Assertion of Age, Disability, or Terminal Illness](#) form that should be attached to any Termination of Tenancy Notice you may receive from the owner. Send a copy to the Landlord within ten (10) calendar days of receiving the Sixty Day Notice, and file a copy with the Inglewood Housing Protection Department either in person, email, or mail to the address below:

Office Hours: Monday through Thursday 7:30 am to 5:30 pm
Every other Friday 8:00 am to 5:00 pm

Address: City of Inglewood
Housing Protection Department
One Manchester Blvd, 6th Floor
Inglewood, CA 90301

Phone: (310) 412-4330

Email: Housingprotection@cityofinglewood.org

TENANT ASSERTION OF AGE, DISABILITY, OR TERMINAL ILLNESS

I, _____, _____, the Tenant at
(First Name) (Last Name)

(Complete Property Address)

assert the following:

(Check all that apply)

I have resided at the above mentioned Rental Unit for at least five (5) years prior to being notified by the Owner of a termination of my tenancy for the purpose of the owner or close relative seeking possession of the rental unit **AND** I am 62 years of age or older.
(Please attach proof such as an identification)

OR

I have resided at the above mentioned Rental Unit for at least five (5) years prior to being notified by the Owner of a termination of my tenancy for the purpose of the owner or close relative seeking possession of the rental unit **AND** I am a Disabled Person under the meaning of California Government Code Section 12955.3 who is receiving benefits from a federal, state, or local government, or from a private entity, on account of a permanent disability.
(Please attach proof such as social security award letter)

OR

I am certified as being terminally ill by my treating physician.
(Please attach any proof such as a doctor's statement)

SIGNATURE

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Tenant Signature: _____ Date: _____

Phone Number: _____ Email: _____