



# TENANT'S RELOCATION ASSISTANCE DISTRIBUTION FORM

An Owner of a Rental Unit shall provide permanent Relocation Assistance to displaced Tenants if the Owner issues a termination notice based on a No-Fault, Just Cause Eviction. The amount of proposed Relocation Assistance, including the breakdown and calculation of the total, shall be included in the termination notice.

Rental Unit Address: \_\_\_\_\_ Inglewood, CA \_\_\_\_\_  
Street Apt# Zip

Telephone Number(s): \_\_\_\_\_

❖ **Base Relocation Assistance:**

An owner shall provide Base Relocation Assistance to the displaced tenant(s) equal to three (3) times the monthly rental amount **PLUS** \$2,000 if one or more minor(s) reside in the rental unit.

Do any minors reside in the rental unit?  Yes  No

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

❖ **Additional Relocation Assistance:**

In addition, the owner shall pay an Additional Relocation Assistance for any tenant(s) whose status makes them eligible for such assistance as follows:

Status	Additional Relocation Assistance	Check Only One
Adult residing between 2 to 4 years prior to notice	\$2,000	<input type="checkbox"/>
Adult residing between 5 to 10 years prior to notice	\$3,000	<input type="checkbox"/>
Adult residing 11 or more years prior to notice	\$5,000	<input type="checkbox"/>
Disabled Person OR Senior (62yrs)	\$7,500	<input type="checkbox"/>

**NOTE: The owner shall ONLY pay the highest Additional Relocation Assistance for which any one tenant of the rental unit qualifies.**

**NOTICE IS HEREBY GIVEN** that pursuant to Inglewood Municipal Code, Chapter 8, Article 9, Section 8-123 (b), the resident(s) are entitled to a **TOTAL Relocation Assistance Payment of \$\_\_\_\_\_**.  
*(Base amount + \$2,000 (if minor(s)) + the highest Additional amount, (if applicable) = TOTAL amount)*

If more than one adult Tenant resides in the Rental Unit, division or distribution of the Relocation Assistance, including any monies for a minor, shall be determined by the Tenants.

Please list all Adults on the lease:	Amount of Relocation	Initials of Lessees
1) _____	\$ _____	_____
2) _____	\$ _____	_____
3) _____	\$ _____	_____
4) _____	\$ _____	_____
5) _____	\$ _____	_____

This form must be returned to the Owner/Agent within **ten (10) calendar days** of receiving notice of the Relocation Assistance amount. If Tenants do not provide instructions, the Owner may issue payment to all Adult Lessees on a joint check.

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

Signatures of all Lessees: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If additional space is needed, please attach a separate piece of paper with signatures and dates.