



## **INSTRUCTION SHEET TO COMPLETE OWNER OR CLOSE RELATIVE ASSERTION OF AGE, DISABILITY, OR TERMINAL ILLNESS FORM**

Pursuant to Inglewood Municipal Code, Chapter 8, Article 9, Section 8-121 (11)(A), a Landlord **may evict** a Tenant who qualifies for exemptions 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).

**PURPOSE:** Owners must complete this form IF the Owner or Close Relative who will occupy the unit is a senior or a disabled person or is certified as being terminally ill by a treating physician that seeks to recover possession of the Rental Unit in good faith for use and occupancy as a primary residence.

**INSTRUCTIONS:** The Owner or Close Relative shall complete the [Owner or Close Relative Assertion of Age, Disability, or Terminal Illness](#) form and submit a copy to the Inglewood Housing Protection Department within three (3) calendar days of serving the Sixty Day Notice to Vacate to the tenant(s):

**OWNER OR CLOSE RELATIVE  
ASSERTION OF AGE, DISABILITY, OR TERMINAL ILLNESS**

I, \_\_\_\_\_, declare I am  
(First Name) (Last Name)  
 the  Owner or  Close Relative, that will resides at \_\_\_\_\_  
(Complete Property Address)  
 Inglewood, CA \_\_\_\_\_, and assert the following:  
(Zip Code)

*(Check all that apply)*

I am 62 years of age or older.

*(Please attach proof such as an identification)*

**OR**

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.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Close Relative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_