

CAPITAL IMPROVEMENT APPLICATION FOR MOBILEHOME SPACE RENT INCREASE

Park Name: _____ Telephone: _____

Park Address: _____

Park Owner(s): _____ Telephone: _____

Address: _____

E-mail Address: _____

Park Representative(s): _____ Telephone: _____

Address: _____

E-mail Address: _____

Park Attorney(s): _____ Telephone: _____

Address: _____

E-mail Address: _____

of spaces in park: _____ # spaces affected by proposed increase: _____

Year the Park Opened: _____ Year Your Ownership Started: _____

(Please indicate the number of spaces in park occupied by:)

Triple-Wides _____ Double-Wides _____ Single-Wides _____ Travel Trailers _____

Briefly describe the park. Include services that are provided within the current rent at no additional charge to the park residents, such as utilities, including trash, sewer and cable TV. (Attach additional pages if more space is needed.)

Briefly explain the reasons for requesting a rent increase. (Attach additional pages if needed.)

Provide any other information you wish the Board to consider. (Attach additional pages if more space is needed.)

CAPITAL IMPROVEMENT AMORTIZATION SCHEDULE

_ - YEAR AMORTIZATION TABLE

New Loan Principal Amount	New Annual Interest Rate	New Loan Period In Months	Total Amount Principal & Interest	Total Interest Over Term	Monthly Amount of Loan Payments	Number of Spaces in the Park	Monthly Payment Per Space

OWNER'S AFFIDAVIT

State of California
County of Los Angeles
City of Carson

I (We,) _____
(please type or print name(s) clearly)

being duly sworn, depose and say that I (we) am (are): the (owner(s) or the authorized representative(s) of the owner(s)) of said park involved in this capital improvement rent increase request and that the foregoing statements or answers contained herein and the information submitted herewith are in all aspects true and correct to the best of my (our) knowledge and belief.

Signed:

Signed:

Mailing Address:

Mailing Address:

City, State, Zip:

City, State, Zip:

Telephone:

Telephone:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public