

**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.)

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

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

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**MOBILEHOME PARK SPACE RENTALS**

Note: This page may be reproduced as needed.

Space Number	Requested Amount Increase	Percent Increase	Current Rent

## MOBILEHOME PARK SPACE RENTALS

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New Loan Principal Amount	Rent in 20_____	Rent in 20_____	Rent in 20_____	Total Interest Over Term	Monthly Amount Of Loan Payments	Number Of Spaces In The Park	Monthly Payment Per Space
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**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