

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: _____

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

Year that 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.)

Provide the total amount of capital improvement expenditures associated with the requested rent increase. \$ _____

Provide the proposed amortization period, which is how many years residents would take to repay the above amount. _____ years

Section VI (C) of the Revised Guidelines for Implementation of the Ordinance states that the allowable interest rate for capital improvements shall equal the average 30-year fixed rate for mortgages published in the Freddie Mac weekly Primary Mortgage Market Survey (<https://www.freddiemac.com/pmms>), plus one percent, as of the date of the initial submission of the rent increase application. Please specify whether you are requesting that interest be factored into the calculation of the capital improvement rent increase.

Circle One: Yes No

It is the City's standard practice to allow recovery of the application fee in calculations of capital improvement rent increases. Please specify whether you are requesting that the application fee be included in the calculation of the capital improvement rent increase.

Circle One: Yes No

MOBILEHOME PARK SPACE RENTALS

Note: This page may be reproduced as needed.

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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