

**FAIR RETURN RENT INCREASE APPLICATION
FOR MOBILEHOME PARKS**

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: _____ # of Spaces Affected by Proposed Increase: _____

Year Park Opened: _____

Please indicate the number of spaces in your 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 reason(s) for requesting a rent increase. (Attach additional pages if needed.)

MOBILEHOME PARK SPACE RENTALS

Directions: List monthly space rent collected for the entire park and each space for the past three calendar years. If a space rent was raised during a calendar year, list the highest rent paid for that space during that calendar year. Use additional pages as needed.

| Space Number | Rent in 20____ | Rent in 20____ | Rent in 20____ | Current Rent | Requested Amount Increase | Percent Increase | Requested New Rent |
|-----------------|-------------------|-------------------|-------------------|-----------------|---------------------------------|---------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

MOBILEHOME PARK SPACE RENTALS

Note: This page may be reproduced as needed.

| Space Number | Rent in 20____ | Rent in 20____ | Rent in 20____ | Current Rent | Requested Amount Increase | Percent Increase | Requested New Rent |
|--------------|-------------------|-------------------|-------------------|-----------------|---------------------------------|---------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

OPERATING INCOME AND EXPENSE SHEET FOR THE YEAR 20_____

OPERATING INCOME:*

SPACE RENT INCOME: _____
 (excluding capital improvement income)
 (includes manager space rent, if any)

MISCELLANEOUS INCOME:

LAUNDRY ROOM INCOME: _____
 CABLE TV INCOME: _____
 GUEST FEES: _____
 RV STORAGE INCOME: _____
 INSURANCE RECOVERY: _____
 VENDING MACHINES: _____
 REC. ROOM INCOME: _____
 LATE/RETURN CHECKS: _____
 EMPLOYEE RENT: _____

OTHER INCOME: (list)

*List all park-related income. If tenants are billed by the park for utilities, any surplus income left after the utility bills are paid are not to be listed above as income.

**List all regular operating expenses only. Do not include capital improvement expenses. Do not list tenant reimbursed utility expenses as defined in the Calif. Civil Code: Chapter 2.5, Sec. 798.41

OPERATING EXPENSES:**

ADMINISTRATION:
 ACCOUNTING: _____
 INSURANCE: _____
 LEGAL: _____
 LICENSE/FEES/DUES: _____
 OFFICE EXPENSES: _____
 TELEPHONE EXPENSES: _____
 ON-SITE SALARIES/TAXES _____
 MANAGEMENT FEES: _____
 MONTHLY SPACE BILLING: _____

DEBT SERVICE INTEREST: _____

RENT/LEASE ON LAND: _____

PROPERTY TAXES: _____

UTILITIES: (owner paid & common area)

WATER: _____
 ELECTRICITY: _____
 NATURAL GAS: _____
 TRASH COLLECTION: _____

MAINTENANCE:

CARPENTRY: _____
 ELECTRIC: _____
 LANDSCAPING: _____
 PLUMBING: _____
 POOL MAINT./SUPL.: _____
 STREET MAINT.: _____
 STREET SWEEPING: _____
 SECURITY: _____
 OTHER MAINT.: _____

TOTAL INCOME: _____

TOTAL EXPENSES: _____

UTILITY COSTS

ELECTRICITY: (please check one)

_____ Residents pay directly to utility company. (proceed to the natural gas section, below)

_____ Residents are billed by the park based on their meter reading. (proceed to A, below)

_____ Cost of the utility is included in the rent. (proceed to B, below)

A. Fill in the amounts paid and collected the past 3 calendar years for electricity.

| | 20__ | 20__ | 20__ |
|--|-------|-------|-------|
| 1. Amount collected from park residents: | _____ | _____ | _____ |
| 2. Amount billed by utility company: | _____ | _____ | _____ |
| 3. Difference: (1. minus 2.) | _____ | _____ | _____ |

| | | | |
|--|-------|-------|-------|
| B. Enter the amount paid by owner to the utility the past 3 calendar years: | 20__ | 20__ | 20__ |
| | _____ | _____ | _____ |

NATURAL GAS: (please check one)

_____ Residents pay directly to the utility company. (proceed to the water section, below)

_____ Residents are billed by the park based on their meter reading. (proceed to C, below)

_____ Cost of the utility is included in the rent. (proceed to D, below)

C. Fill in the amounts paid and collected the past 3 calendar years for natural gas.

| | 20__ | 20__ | 20__ |
|---|-------|-------|-------|
| 1. Amount collected from park residents | _____ | _____ | _____ |
| 2. Amount billed by utility company | _____ | _____ | _____ |
| 3. Difference (1. minus 2.) | _____ | _____ | _____ |

| | | | |
|--|-------|-------|-------|
| D. Enter the amount paid by owner to the utility the past 3 calendar years: | 20__ | 20__ | 20__ |
| | _____ | _____ | _____ |

WATER: (please check one)

_____ Residents pay directly to the utility company. (proceed no further on this page)

_____ Residents are billed by the park based on their meter reading. (proceed to E, below)

_____ Cost of the utility is included in the rent. (proceed to F, below)

E. Fill in the amounts paid and collected the past 3 calendar years for water.

| | 20__ | 20__ | 20__ |
|---|-------|-------|-------|
| 1. Amount collected from park residents | _____ | _____ | _____ |
| 2. Amount billed by utility company | _____ | _____ | _____ |
| 3. Difference (1. minus 2.) | _____ | _____ | _____ |

| | | | |
|--|-------|-------|-------|
| F. Enter the amount paid by owner to the utility the past 3 calendar years: | 20__ | 20__ | 20__ |
| | _____ | _____ | _____ |

INFORMATION PURSUANT TO MOBILEHOME SPACE RENT CONTROL GUIDELINES

Please provide the below information required by Section IV of the Guidelines for Implementation of the Mobilehome Space Rent Control Ordinance (City Council Resolution Nos. 98-010 and 06-149).

Date You Purchased the Park: _____ Purchase Price: _____

Down Payment Made Upon Purchase: _____ Total Amount of Equity in the Park to Date: _____

If the park was purchased after August 20, 1979, briefly provide the rents charged and net operating income of the park (gross income less allowable operating expenses less debt service) prior to the purchase. Additionally, attach an appraisal of the park at the time of purchase. If this does not apply, write N/A below. (Attach additional pages if needed.)

Briefly list any refinancing of the park since the date of purchase. If you have refinanced, describe whether the proceeds of refinancing were used to improve the park or for other purposes. (Attach additional pages if needed.)

Briefly describe all capital improvements that you have made to the park. Include the cost of those improvements and indicate whether the cost was recovered by a capital improvement rent increase. (Attach additional pages if needed.)

Briefly list the overall rate of return (ratio of the net operating income to purchase price) currently being earned by comparable mobile home parks in jurisdictions with and without rent control. (Attach additional pages if needed.)

Briefly explain the overall rate of return currently being earned by your park. (If necessary, you may make adjustments to the purchase price as a result of purchase after the adoption of rent control.)

Provide any other relevant information you wish the Board to consider. You may provide other measures of rate of return being earned on your park and other comparable parks. (Attach additional pages if needed.)

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 fair 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