



CITY OF INGLEWOOD

HOUSING PROTECTION DEPARTMENT



NO-FAULT JUST CAUSE EVICTION INTENT TO OCCUPY BY OWNER/CLOSE RELATIVE PACKET

	Name of Form	# of Pages	Owner Instructions	Submit to HP By:
	1 Intent to Occupy by Owner/Relative Instructions	3 (2-sided)	Provides detailed instructions on the entire process for the Intent to Occupy by Owner/Close Relative Eviction. (Keep for your records)	
Forms 2, 3, 4 shall be served as a packet to the tenant(s).	2 Sixty Day Notice of Termination-Owner Intent to Occupy with Declaration of Service	1 (2-sided)	Owner shall complete both sides of the notice, serve their tenant(s). (Keep a copy for records)	3 Days fr service of 60 Day Ntc
	3 Instruction Sheet to Contest Termination of Tenancy with Tenant Assertion of Age, Disability, or Terminal Illness Form.	1 (2-sided)	<ul style="list-style-type: none"> Owner shall serve the Instruction Sheet and the Tenant Assertion form with the Sixty-Day Notice. Tenants may complete this form to challenge termination of tenancy IF they meet certain exemption criteria. Tenant must return a completed copy to the <u>owner</u> within ten (10) calendar days of receiving the Sixty-Day Notice, IF APPLICABLE. 	15 Days fr service of 60 Day Ntc
	4 Tenant's Relocation Assistance Distribution Form	1	<ul style="list-style-type: none"> Serve this form with the Sixty Day Notice IF more than one adult tenant is on the lease. All adult tenants shall complete, sign, and return to the owner within ten (10) calendar days of receiving the Sixty-Day Notice, IF APPLICABLE. 	15 Days fr service of 60 Day Ntc
	5 Owner's Affidavit – (Intent to Occupy)	1	<ul style="list-style-type: none"> Owners must complete and have this form notarized. Owner must submit a notarized copy to the HP Department within fifteen (15) calendar days after service to the tenant(s). 	15 Days fr service of 60 Day Ntc
	6 Instruction Sheet to Complete Owner/Close Relative Assertion of Age, Disability, or Terminal Illness Form	1 (2-sided)	<ul style="list-style-type: none"> Owner shall complete this form IF the Owner or Close Relative who will occupy the unit is a senior, disabled, or terminally ill. Owner must submit a copy to the HP Department within fifteen (15) calendar days after service to the tenant(s), IF APPLICABLE. 	15 Days fr service of 60 Day Ntc
Submit to HP Dept. no more than 60 Days After Tenant Vacates the Rental Unit.	7 Owner/Close Relative's Statement of Occupancy	1 (2-sided)	<ul style="list-style-type: none"> Owner/Close Relative shall complete this form once the owner has recovered possession of the unit AND the owner or close relative is currently occupying the rental unit. The owner or close relative must submit this form and two (2) forms of supporting documentation to the HP Department within fifteen (15) calendar days of taking possession of the rental unit. 	15 Days AFTER Taking possession of rental unit.
	8 Owner's Affidavit – (Tenant Refusal)	1	ONLY use this form IF after sixty (60) days the owner or close relative fails to occupy the rental unit.	