CITY OF LONG BEACH

**Community Development Department**
**Planning Bureau**
411 W. Ocean Boulevard, 2nd Floor, Long Beach, CA 90802
562.570.6194 | longbeach.gov/lbcd

# Tenant Relocation Program Application

Tenant/Applicant's Name _____ Date_____

Tenant/Applicant's Current Address_____

City/State/Zip _____ Phone Number_____

Condo Address (if different from Current Address)_____

City/State/Zip_____

Owner's Name _____ Owner's Phone Number_____

Owner's Address_____

City/State/Zip_____

How many bedrooms in your unit? _____

How many people live in your unit? _____

List each person, giving name, age, and current address:

| | Name | Age | Current Address |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

(Continue on the back of this page if you need additional space to write)

WHEN did you move into the unit? (Month/day/year) _____

Have you vacated the unit? ____ If so, WHEN? (Month/day/year)_____

Show the **RENT** you paid for each of the 12 months preceding the current month.
**(Please provide verification of your rent with this application):**

| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Example | $500 | $500 | $500 | $500 | $500 | $550 | $550 | $550 | $550 | Not in unit | Not in unit | Not in unit |

| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2006 | | | | | | | | | | | | |
| 2007 | | | | | | | | | | | | |

Show your TOTAL GROSS HOUSEHOLD INCOME for each of the 12 months preceding the current month. This includes income from **all** sources. **Please provide verification of income for every working household member 18 years of age or older with this application**. The following documents **must** be included with your application: **Last year's State or Federal Income tax forms and two-months of current payroll stubs**. Other documents may include proof of social security pensions, AFDC, SSI, GR, Veterans benefits, educational assistance, checking and savings account balances, stocks, bonds and other assets.

| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2006 | | | | | | | | | | | | |
| 2007 | | | | | | | | | | | | |

All information provided herein is true and correct to the best of my knowledge. I understand that I may be subject to prosecution for perjury if any information is fraudulently provided or misrepresented.

Applicant's Signature Date