



OWNER/CLOSE RELATIVE'S STATEMENT OF OCCUPANCY

PURPOSE: Use this form if you already recovered possession of the unit AND the owner or close relative is currently occupying the unit. File a copy of this form and supporting documentation with the Inglewood Housing Protection Department within (15) calendar days of taking possession of the rental unit.

Rental Unit Address: _____ Inglewood, CA _____
Street Apt# Zip

Please complete the information requested below. DO NOT LEAVE ANY BLANKS. Failure to provide all of the requested information may subject the owner to administrative penalties.

1. Have you recovered possession of the unit? ☐ Yes ☐ No Date Moved In: _____
2. The current occupant is the ☐ Owner or ☐ Relative of the Owner as defined in IMC Section 8-121.
3. Is the owner or close relative currently occupying the unit as their principal residence? ☐ Yes ☐ No
4. List the name(s) of ALL of the current occupant(s) of the unit, their percentage of ownership interest (if any) and the date their occupancy commenced.

_____ (Name)	_____ (Current Percentage of Ownership)	_____ (Date Occupancy Commenced)
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**Please attach an additional sheet of paper if needed in order to include all persons currently occupying the unit.*

5. For each owner or relative named above, you must attach at least two (2) forms of supporting documentation from the list specified below. Only documents from the list below should be submitted – substitutions will not be accepted. Confidential information may be redacted from the supporting documentation prior to filing this form with the Inglewood Housing Protection Department.

Check the boxes that correspond to the types of supporting documentation you are attaching to this Statement of Occupancy.

- ☐ Current motor vehicle registration, plus a copy of the current insurance policy for the vehicle that shows the name of the insured, the address of the unit and the period of coverage.
- ☐ Current driver's license/identification card that shows the address of the unit stated on the eviction notice OR current driver's license with former address, accompanied by a dated DMV website printout confirming receipt of Change of Address request that shows the address of the unit stated on the eviction notice.
- ☐ Correspondence from the Social Security Administration that shows the name of the recipient, the address of the unit stated on the eviction notice and the date.

- ☐ Current voter registration showing name of owner or relative, address of the unit, and the date printed or issued.
- ☐ Current homeowner's or renter's insurance policy for the contents of the unit showing the name of the insured, the address of the insured property, and the unit stated as the mailing address of the insured.
- ☐ Most recent state or federal tax return that shows the name and address of the owner or relative occupying the unit and proof of filing.

6. Has the current occupant's personal possessions been moved into the unit? ☐ Yes ☐ No

7. If the current occupant is the owner's relative for whom the tenant was evicted, is s/he paying rent for the unit?

☐ Yes. The current rent for the unit is: \$ _____

☐ No

☐ Not Applicable, because the unit is occupied by the owner.

8. The subject unit is listed as the current occupant's place of residence on (check all that apply):

☐ Motor Vehicle Registration

☐ Homeowner's or Renter's Insurance Policy

☐ Driver's License

☐ Automobile Insurance Policy

☐ Used by or for the person's current employer and any public agency, including State and Local Taxing Authorities

9. Are the utilities installed at the unit under the owner's or relative's name?

☐ Owner's Name ☐ Relative's Name ☐ Other Name: _____

10. If the unit is owner-occupied, has the owner claimed a homeowner's tax exemption for the subject unit?

☐ Yes

☐ No

☐ Not Applicable, because the unit is not occupied by the owner.

11. Has the current occupant filed a U.S. Postal Service Change of Address form?

☐ Yes

☐ No

12. Is the subject unit the place the current occupant normally returns to as his/her home, exclusive of military service, hospitalization, vacation, or travel that is necessitated by employment?

☐ Yes

☐ No

I declare under penalty of perjury under the laws of the State of California that the information provided and any attachments are true and correct to the best of my knowledge and belief.

Print Full Name

Signature

Date