



**City of Pico Rivera**  
**COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT**  
**6615 Passons Boulevard · Pico Rivera, California 90660**  
**(562) 801-4332**  
[www.pico-rivera.org](http://www.pico-rivera.org)  
[communitydevelopment@pico-rivera.org](mailto:communitydevelopment@pico-rivera.org)

## **MOBILEHOME OWNER PETITION**

The Mobilehome Rent Stabilization and Mobilehome Owner Protections Ordinance (“Ordinance”), under Sections 9.48.050.B and 9.48.050.C, allows for mobilehome owners to file this petition if they believe that the owner of the mobilehome park in which they reside is in violation of Chapter 9.48.050 of the Ordinance. For a copy of the Ordinance to review chapter 9.48.050 please visit <https://www.pico-rivera.org/index.php/mobilehome-rent-control/>. Examples of Park Owner violations listed in the ordinance are as follows:

- Unlawful rent and/or fees, charged or passed-through.
- Decrease in housing services without a corresponding decrease in rent
  - \*\* Prior to submitting an application on the basis of decreased housing services without a corresponding decrease in rent the mobilehome owner **must** provide the mobilehome park owner with **both**:
    - A written notice that identifies the service reduction; and
    - A reasonable opportunity to correct the issue(s)

Per the Ordinance, please attach all information relevant to this petition. This information may include but is not limited to books, records, papers, and other financial materials.

If you have any questions regarding the Application for Adjustment process, please contact Alex Lawrence or Tara Matthews either via email at [alawrence@webrsg.com](mailto:alawrence@webrsg.com) and [tmatthews@webrsg.com](mailto:tmatthews@webrsg.com) or by phone at (714)-316-2104 and (714) 316-2111, respectively.

In determining prudent action and a potential adjustment based on this application the Community and Economic Development Department (“Department”) will consider the following, along with any other relevant materials:

- Changes in rent and housing services since October 13<sup>th</sup>, 2020 (the rental and service base year as established by the Ordinance).
- Any patterns in the identified rent and service changes.
- Whether the mobilehome park owner has received payments in excess of the maximum allowable rent, fees, pass-throughs permitted by the Ordinance, or any other failures in compliance by the mobilehome park owner.
- The date that the service reduction was first noticed by the mobilehome owner, the timing and method of notification to the mobilehome park owner, the owner’s response to that notice, and whether service was reinstated or restored.
- Whether or not the service reduction was the result of a vote by more than 50% of the affected mobilehome owners.

Within 5 days of submitting this Application for Adjustment, it is the mobilehome owners’ responsibility to provide a notice of the application to the mobilehome park owner(s) by either personal service or certified mail return receipt requested.

**MOBILEHOME OWNER APPLICATION FOR ADJUSTMENT**  
**City of Pico Rivera Ord. No. 1153, Sec 9.48.050.B-C**

**1. Tenant Information** Please list each tenant petitioner in their own section. If more room is needed, attach an additional sheet.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Number and Name (Unit # if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Tenant Representative Information (if applicable)**

Tenant Representative is an  Attorney  Non-Attorney Representative  Interpreter  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address:

Street Number and Name (Unit # if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. Park Owner(s) Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address:

Street Number and Name (Unit # if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**4. Resident Manager Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address:

Street Number and Name (Unit # if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I am filing this petition for the following reason(s):** (Check ONLY the reasons that apply.)

**Unlawful Rent, Fees, or Pass-Throughs:** the Mobilehome Park Owner's demand for Rent, fees, charges or pass-throughs is in excess of that permitted for the Mobilehome Space, or in excess of the Rent permitted.

**Decrease in Housing Services:** A Service Reduction in Housing Services, without a corresponding reduction in Rent, may be considered an increase in Rent. Before filing an application with the Department, Mobilehome Owner shall provide the Mobilehome Park Owner all the following:

- a. Written notice identifying the Service Reduction; and
- b. A reasonable opportunity to correct the issue(s).

Please add any other detail as needed below, additional sheets may be attached if necessary:

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Please certify the date that the violation occurred and attach any materials you believe to be pertinent to this petition:

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Please list your current rent (including the violation) and the requested adjustment:

Current Rent: \_\_\_\_\_ Requested Adjustment: \_\_\_\_\_

**MOBILEHOME OWNER'S AFFIDAVIT**

State of California County of Los Angeles City of Pico Rivera

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 mobilehome spaces involved in this application for adjustment 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.

\*\*add more signatures as needed

\_\_\_\_\_  
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 \_\_\_\_\_,  
to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
Notary Public