



MAIN OFFICE
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www.lacda.org

HOUSING ASSISTANCE DIVISION
SITE: ANTELOPE VALLEY OFFICE - 2323 E. Palmdale Blvd. Suite B, Palmdale, CA 93550 Tel: 661-575-1511

**Homeless Incentive Program
Request for Vacancy Payment**

PLEASE BE ADVISED THAT VACANCY PAYMENTS WILL BE MADE ONLY ON APPROVAL BY THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY AND FOR NO MORE THAN 30 DAYS.

Request Date: _____ Tenant Name: _____

Unit Address: _____

Vacancy Date: _____

Reason for Move-Out: _____

Please list the month for which you are requesting the vacancy payment: _____

If applicable date the unit was abandoned: _____

Please provide proof of eviction for cause.

CERTIFICATION OF OWNER OR OWNER'S REPRESENTATIVE

By signing below, I hereby certify that the forgoing information is true and correct to the best of my knowledge. I also certify that the stated unit was vacant during the period for which the vacancy payment is being requested and no other payments were received during that same period. Warning: Any person who signs this statement and who willingly states as true, any matter which he or she knows to be false, is subject to the penalties prescribed for perjury in Section 118 of the California Penal Code.

Print Name Signature

Date Vendor Number

Address City, State, Zip Telephone Number

Please return this form to via mail or email:
Attention Housing Advisor Unit
P.O. Box 1503
Alhambra, CA 91802
HIP@lacda.org