

1. If a Landlord seeks to recover the cost of an eligible Capital Improvement which has benefitted the Covered Rental Unit(s) or entire building where the Covered Rental Units are located which will be subject to this application, *and* the improvements performed meet the requirements outlined in Culver City Municipal Code (CCMC) Section 15.09.225, the Landlord may file a Capital Improvement Pass-through Application (“Application”) with the Culver City Department of Housing and Human Services to request recovery of up to fifty percent (50%) of the eligible costs from the affected Tenants as permitted under Section 15.09.225.
2. All Applications must be filed within 120 days of completing the Capital Improvements subject to this Application. The work performed shall have benefitted all Covered Rental Unit(s) subject to this Application or common areas of the building in which the Covered Rental Unit is located, have a useful life of five years or more and must have been an addition, but not replacement, of the following: air conditioning, security gates and other security items, swimming pool, sauna or hot tub, fencing, garbage disposal, washing machine or clothes dryer, dishwasher, major appliances, meter conversions, children's play equipment permanently installed on the premises, abatement of hazardous waste and materials such as lead-based paint or asbestos, and other similar improvements as determined by the Department of Housing and Human Services. Substantial improvements to, but not the renovation or replacement of, any structural, electrical, plumbing, or mechanical system that requires a permit pursuant to State or local law, such as a required seismic retrofit, will also be considered.
3. All Applications will be reviewed by the Department of Housing and Human Services for completeness and the applicant will be notified of completeness or incompleteness within ten (10) business days of filing of the Application. If an Application is deemed to be incomplete, the Landlord will be notified in writing as to what additional information is required. The Application will be considered by the Director only after the Application has been deemed complete.
4. Within five (5) calendar days after the date the Landlord receives written notice that the Application is deemed complete by the Department of Housing and Human Services, the Landlord shall mail a copy of all pages of this Application and a copy of all Tables (any personal financial information may be redacted) by first class mail, postage prepaid, to all Tenants whose Covered Rental Units are the subject of the Application. The Landlord need only mail the Application and tables, not the attached documentation.
5. Within ten (10) calendar days after the date the Landlord receives written notice that the Application is deemed complete by the Department of Housing and Human Services, the Landlord shall file with the City a proof of service signed under penalty of perjury stating that a copy of the Application and Tables were mailed to all such tenants.
6. Complete Capital Improvement Applications will be considered by the Director, in accordance with Department of Housing and Human Services Guidelines, and the Director’s decision will be issued no later than sixty (60) days after the Department of Housing and Human Services has deemed an Application complete. The Director’s decision may be appealed to a hearing officer, in accordance with the procedures set forth in CCMC Section 15.09.240.
7. In evaluating the Capital Improvement Pass-through Application, the Director shall consider all relevant factors that may potentially impact a Landlord's ability to obtain a cost recovery pass-through and shall consider the basis for the calculation of pass-through, including all documentation attached to the Application.

8. Capital Improvement Pass-through Applications shall be submitted by mail or in person to: City of Culver City, Department of Housing and Human Services, 9770 Culver Blvd., Culver City, CA 90232, or by email to [Rent.Control@CulverCity.org](mailto:Rent.Control@CulverCity.org). Please note that all items must be included in the Application package in order for the Application to be considered complete.

**9. If the Landlord's Capital Improvement Pass-through Application is approved, Landlord shall not impose the approved pass-through unless: (a) Landlord has provided written notice to the Tenant(s) of the pass-through for the Covered Rental Unit(s) in accordance with California Civil Code Section 827; and (b) Landlord has registered the Covered Rental Unit(s) as required by CCMC Section 15.09.230.**

10. If you have any questions about the Capital Improvement Application process or forms, please contact the Department of Housing and Human Services at (310) 253-5790 or [Rent.Control@CulverCity.org](mailto:Rent.Control@CulverCity.org)



## Capital Improvement Pass-through Application

Housing Division, 9770 Culver Blvd., Culver City, CA 90232  
 (310) 253-5790 • Rent.Control@CulverCity.org

### Instructions

- Complete sections 1-8 below

#### 1. Property Information

Street Address				AIN	
City			State		Zip
# Residential Units on Property			# Units Where Pass-through Proposed		
Year Built		Certificate of Occupancy Date		Owner Purchase Date	

#### 2. Owner Information If there are more than two owners, attach additional pages.

Owner 1					
Trust/LLC/Business Name				Ownership %	
First Name			Last Name		
Email			Phone		
Mailing Address					
Street Address				Unit	
City			State		Zip
Owner 2					
Trust/LLC/Business Name				Ownership %	
First Name			Last Name		
Email			Phone		
Mailing Address					
Street Address				Unit	
City			State		Zip

#### 3. Authorized Agent Information (if applicable)

Instructions: Enter information for the person you authorize to sign documents related to this application for you.

First Name			Last Name		
Email			Phone		
Mailing Address					

Street Address		Unit	
City	State	Zip	

4. Who is the primary point of contact for this application?  Owner 1  Owner 2  Authorized Agent

**5. Basis for Application**

The following Capital Improvement(s) was performed (select all that apply):

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Abatement of hazardous materials</li> <li><input type="checkbox"/> Structural, Electrical, Plumbing, and/or Mechanical System such as a Seismic Retrofit (requires Tenant Impact Mitigation Plan)</li> <li><input type="checkbox"/> Air conditioning</li> <li><input type="checkbox"/> Security gates and other security items</li> <li><input type="checkbox"/> Swimming pool</li> <li><input type="checkbox"/> Sauna or hot tub</li> <li><input type="checkbox"/> Fencing</li> <li><input type="checkbox"/> Garbage disposal</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Washing machine or clothes dryer</li> <li><input type="checkbox"/> Dishwasher</li> <li><input type="checkbox"/> Major appliances</li> <li><input type="checkbox"/> Meter conversions</li> <li><input type="checkbox"/> Children's play equipment permanently installed on the premises</li> <li><input type="checkbox"/> Other similar improvements as determined by the Department of Housing and Human Services (Please specify): _____</li> </ul> |
|---|--|

Explain in detail why the selected Capital Improvements that were performed are eligible under CCMC 15.09.225 for the Covered Rental Unit(s) or at the property subject to this Application. Attach additional pages, if necessary.

#### 6. Business Tax Certificate

Attach a copy of your Culver City Business Tax Certificate, if applicable. All residential rental properties with four (4) or more units being rented require a Business Tax Certificate.

#### 7. Rental Registry

Attach a copy of the Culver City Rent Registration Certificate for each unit. If you have submitted a Residential Rental Registration Form, but have not yet received your Certificate(s), attach a copy of the Residential Rental Registration Form.

#### 8. Certification

I hereby certify that each of the Covered Rental Units for which a Capital Improvement Pass-through is sought is properly registered with the City of Culver City.

I hereby certify that the condition of each of the covered rental units for which a Capital Improvement Pass-through is sought is in substantial compliance with all state and local health and safety laws. (No Capital Improvement Pass-through will be processed if the property is subject to an uncorrected citation or notice of violation of local housing, health or safety laws issued by a governmental agency.)

I understand that this Application, and any supporting attachments, are public documents and may be available for inspection by the public and the media, unless otherwise exempt from the California Public Records Act.

Under penalty of perjury under the laws of the State of California, I hereby certify that the foregoing information and that contained in this Application and any attached sheets is true and correct to the best of my knowledge and belief.

Under penalty of perjury under the laws of the State of California, I hereby certify that a copy of this Application will be mailed by first class mail, postage prepaid, to the tenants whose rents are the subject of this Application within five calendar days of filing this Application.

I hereby authorize and appoint the agent listed above to execute, under penalty of perjury, documents for this property. I agree to be bound by each document filed by this person to the same extent as if I had completed it myself.

Signature of Owner/Managing Partner	
Print First and Last Name	
Date	

Signature of Authorized Representative	
Print First and Last Name	
Date	

## Instructions

- Only complete the following worksheets for the Capital Improvements which have been completed within 120 days or less and for all Covered Rental Units, which are subject to this application.
- Capital improvements include (1) the addition but not the replacement of the following types of improvements to a rental unit(s) or common areas of the building in which the rental unit(s) are located, provided such improvements have a useful life of five (5) years or more: air conditioning, security gates and other security items, swimming pool, sauna or hot tub, fencing, garbage disposal, washing machine or clothes dryer, dishwasher, major appliances, meter conversions, children's play equipment permanently installed on the premises, and other similar improvements as determined by the Housing Division; (2) substantial improvements, renovation or replacement of any structural, electrical, plumbing, or mechanical system that requires a permit pursuant to State or local law, such as a required seismic retrofit; (3) abatement of hazardous materials, such as lead-based paint or asbestos, in accordance with applicable federal, State, and local laws.
- If any substantial Structural, Electrical, Plumbing, and/or Mechanical System such as a Seismic Retrofit work was performed, the Department of Housing and Human Services must have a record of the Tenant Impact Mitigation Plan and/or certification that the work performed had no impact on the Tenants at the subject property.
- Capital improvements do not include regular maintenance or repairs.

### Rental Unit Information worksheet

- Complete the subsequent worksheets for each Covered Rental Unit which is subject to this Application. Print additional sheets, if necessary.

### List of Capital Improvements worksheet

- You must attach two (2) copies of documentation for each item supporting the scope of work, cost, and dates of work, such as receipts, invoices, and contracts.
- Do not include the cost of financing in the Total Cost column.
- For "Amortization Period" in Column G, use the amortization schedule published by the Department of Housing and Human Services on page 9.
- For "Annual Amortized Cost" in Column H, enter the eligible cost of each improvement divided by its amortization period.
- For "Annual Amortized Cost Attributable to Current Year" in Column I, enter the Annual Amortized Cost multiplied by  $(Y/12)$  where Y is the number of months during the Current Year that were within the Amortization Period after the Date of Completion.



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## Rental Unit Information

**Rental Unit Information.** Provide the move-in date(s) and requested information pertaining to the rents for all Covered Rental Units which are subject to this application below. Attach additional sheets if necessary.

AIN: \_\_\_\_\_

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

Line	Unit #	Unit Size (square feet)	Move-in Date	June 11, 2019 Rent	Current Rent	Date of Last Rent Increase	Dollar Amount of Increase
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

## List of Capital Improvements

**Amortization Information.** Please use the Instructions on page 6 to complete this worksheet.

AIN: \_\_\_\_\_ Address: \_\_\_\_\_

A	B	C	D	E	F	G	H	I
Line	Unit(s) Benefited (or "All")	Description of Improvement	Associated Invoice Number	Date Completed	Total Cost	Amortization Period	Annual Amortized Cost	Annual Amortized Cost Attributable to Current Year
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								



## Amortization Table

Description of Expense	Amortization Period (Years)
Air Conditioner	10
Automatic Garage Doors	10
Cabinets	10
Carpentry	10
Counters	10
Dishwasher	7
Doors	10
Door Knobs	7
Dryer	7
Drywall	10
Electric Wiring	10
Elevator	20
Fan	7
Fencing	10
Fire Alarm System	10
Fire Escape	10
Fire Sprinkler System	20
Flooring	7
Flooring – Hardwood	10
Flooring – Tile and Linoleum	7
Flooring – Carpet	7
Flooring – Carpet Pad	7
Flooring – Subfloor	10
Foundation Repair	10
Foundation Replacement	20
Foundation Bolting	20
Furniture	7
Garbage Disposal	7
Gates	10
Glass	7
Gutters	10
Heating	10
Insulation	10
Intercom/Entry Telephone	10
Iron or Steel Work	20
Landscaping	10
Lighting	10
Locks	7
Mailboxes	10
Masonry-Chimney Repair	20
Meters	10
Microwave Oven	7
Painting (Interior)	7
Painting (Exterior)	7

**Amortization Table**

Paving	10
Plastering	10
Plumbing	10
Plumbing – Fixtures	10
Plumbing – Pipe Replacement	10
Plumbing – Repipe entire building	20
Pumps	10
Railings	10
Refrigerator	10
Roofing	10
Screen Doors	7
Security System	10
Shear Wall Installation	10
Shower Doors	7
Sidewalks/Walkways	10
Stairs	10
Stove	10
Stucco	10
Tilework	10
Wallpaper	7
Washing Machine	7
Water Heater	7
Window Coverings	7
Other Major Appliance	7
Other	7



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## Work Performed

**Work Performed** (for additional capital improvement work performed, use a separate sheet)

AIN: \_\_\_\_\_

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

Invoice Number(s):	Contractor's License # and Expiration Date:		
Name/Company Name:		Phone Number:	
Address:		City/State/Zip:	
Email Address:			
Is the Capital Improvement a result of needing to bring the property into compliance with Code requirements affecting health and safety? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please attach proof.)			
Work Description and associated line number(s) from Page 8:			

Additional Certifications	Initials
I certify that all capital improvement work has been completed within 120 days of filing this Application with the Culver City Department of Housing and Human Services.	
I understand that filing an Application does not entitle me to a Capital Improvement pass-through and that I cannot pass-through the costs of the work performed until I have received approval from the Culver City Department of Housing and Human Services.	
If the costs of the capital improvement(s) have been recovered before the amortization period has ended, I will cease collecting a pass-through and return any outstanding pass-through collections.	
I understand that I cannot collect a pass-through from tenants who move into a unit where a pass-through subject to this Application was previously collected.	
I understand that I will need to provide copies of supporting documentation to substantiate all claims that I have made on this Application, such as copies of invoices, estimates, cancelled checks, bank statements, or any other documentation which may serve as proof of completion of the work I have claimed to be performed at the property and in the Covered Rental Units subject to this application.	
I certify that any tenants who were impacted as a result of the work performed at the property were provided the property mitigation as required by the CCMC Section 15.09.330	

Applicant's Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_