A

CITY OF LOS ANGELES HOUSING DEPARTMENT
CENTRAL OFFICE
1910 Sunset Blvd Ste 300
Los Angeles, CA 90026
(866) 557-7368

Sales Person: David 09/29/26
Invoice# 700090026 3:32 pm
APN/Statement#: 5034018051109613 41

Description	Qty	Price	Amount
c. Case Management Inspection	1	@ 201.50 each	201.50
c. Case Mgmt Inspection Late Fee	1	@ 503.75 each	503.75
2026d RSO - 440 MISC Fee	1	@ 193.76 each	193.76
2026d SCEP - 41M MISC Fee	1	@ 407.64 each	407.64
Legal Litigation File Prep Fee	1	@ 318.46 each	318.46
Legal LitigationFilePrepFee LATE	1	@ 796.15 each	796.15

Total:	2421.26
Check 479:	2421.26
Total Paid:	2421.26
Change:	0.00

FREE LAHD INFORMATIONAL WORKSHOPS
Landlords-Tenants-Realtors-Prop Mgrs
To obtain topic, date, time and a reservation, please call 213-928-9075

THANK YOU

Los Angeles, CA 90017-0790
Tel 877-614-6873

KAREN BASS, MAYOR

Statement Date: 9/9/2026
Statement No.: 10961341

Billing Summary

ANDREA BROWN C/O SELENE FINANCE LP
3501 OLYMPUS BLVD STE 500
DALLAS, TX 75019

Los Angeles Housing Department
RECEIVED
SEP 29 2026
Rent Stabilization Division
Staff Sunset Counter

Property Information:
3976 3RD AVE
LOS ANGELES CA 90008
APN: 5034018051 Units: 2

PAYMENT IS DUE UPON RECEIPT

Include payment with the attached COUPON or PAY ONLINE at www.lahdbill.org. For additional questions, visit our website at http://HOUSING.LACITY.org, or for billing inquiries, contact the LAHD at (213) 275-3292 or (877) 614-6873.

Invoice ID	Service Date	Billing Date	Description	Regular Fee	Late Fee	Delinquent Fee	Adjustment	Exemption	Payment	Balance
5966603	7/29/2026	9/2/2026	CM Inspection 1	$201.50	$503.75	$0.00	$0.00	$0.00	$0.00	$705.25
5701914	2026	6/2/2026	RSO	$77.50	$0.00	$116.26	$0.00	$0.00	$0.00	$193.76
5701913	2026	6/2/2026	SCEP	$135.88	$0.00	$271.76	$0.00	$0.00	$0.00	$407.64
5529100	8/27/2025	11/10/2025	Litigation File Preparation	$318.46	$796.15	$0.00	$0.00	$0.00	$0.00	$1,114.61
~~5220276~~	~~2025~~	~~12/12/2025~~	~~RSO~~	~~$77.50~~	~~$0.00~~	~~$116.26~~	~~$0.00~~	~~$0.00~~	~~$0.00~~	~~$193.76~~
~~5220275~~	~~2025~~	~~12/12/2025~~	~~SCEP~~	~~$135.88~~	~~$0.00~~	~~$271.76~~	~~$0.00~~	~~$0.00~~	~~$0.00~~	~~$407.64~~
~~4950349~~	~~2024~~	~~8/26/2024~~	~~RSO~~	~~$77.50~~	~~$0.00~~	~~$116.26~~	~~$0.00~~	~~$0.00~~	~~$0.00~~	~~$193.76~~
~~4950348~~	~~2024~~	~~8/26/2024~~	~~SCEP~~	~~$135.88~~	~~$0.00~~	~~$271.76~~	~~$0.00~~	~~$0.00~~	~~$0.00~~	~~$407.64~~
							Total Due and payable to LAHD			~~$3,624.06~~ 2421.26

Statement No: 10961341
Statement Date: 9/9/2026

APN: 5034018051
LAHD Billing Summary (Page 1 of 2)
Rev 20250723

Please detach the Payment Coupon above and return with the payment.

PAYMENT COUPON

PAYMENT IS DUE UPON RECEIPT	
Amount Due	Amount Paid
$3,624.06	2421.26

Credit/Debit Card or Echeck payments are accepted online at http://LAHDbill.org.

Address: 3976 3RD AVE
Statement: 10961341 Date: 9/9/2026
APN: 5034018051 Units: 2

LAHD - RCCB
P.O. Box 102658
Pasadena, CA 91189-2658
Transaction# 700090026
Total: 2421.26 Check 479
APN#: 5034018051 10961341

Make Check or Money Order payable to **"LAHD".**
Do NOT send cash, **Be sure to write your APN on your check.**

102658 5034018051 10961341 1 202609 00362406 5 4

Mail Form to:
LAHD - RCCB
P.O. BOX 102658
Pasadena, CA 91189-2658

FORM RR26

5034018051105471800

2026 ANNUAL RENT REGISTRY FORM

RENTAL UNITS SUBJECT TO THE RENT STABILIZATION ORDINANCE (RSO) OR THE JUST CAUSE ORDINANCE (JCO)

BILLING CONTACT INFORMATION (ON FILE)	PROPERTY INFORMATION
ANDREA BROWN 3891 ROXTON AVE LOS ANGELES CA 90008-1916	APN: 5034018051 ADDRESS: 3976 3RD AVE LOS ANGELES, CA 90008 STATEMENT NUMBER: 10547180

Los Angeles Housing Department
RECEIVED
SEP 29 2026
Rent Stabilization Division
Staff Sunset Counter

SEE INSTRUCTIONS ON PAGE 3: To ensure accuracy and avoid any delay, we strongly recommend this Rent Registry Form be completed online at registerLArent.org. If you choose to mail in this Form, please complete the Form by writing legibly within the text box and use only black ink to help ensure legibility. Forms that have written text outside the text box, or outside of the check box may be delayed in processing. Attachments such as rent rolls or rent ledgers will not be processed. **This Rent Registry Form must be completed and submitted by the last day of February annually.**

PART 1

EMERGENCY CONTACT INFORMATION (Required)

FIRST NAME or BUSINESS NAME *	LAST NAME
US BANK NATIONAL ASSN.	C/O SELENE FINANCE, LP
STREET NUMBER *	STREET NAME *
3501	OLYMPUS BLVD #500
CITY *	STATE * / ZIP CODE *
DALLAS	TX 75019
AREA CODE & PHONE NUMBER *	
(310) 993-2612	
E-MAIL ADDRESS (*Optional*)	
TIFFANY@ESSEXHARVEY.COM	

Total Number of Units on the Property: 2

YOUR INFORMATION (NAME OF PERSON FILLING OUT FORM)

○ Fill in bubble if information is the same as EMERGENCY CONTACT INFORMATION

FIRST NAME	LAST NAME
TIFFANY	DALGLC
AREA CODE & PHONE NUMBER	
(310) 993-2612	
EMAIL ADDRESS	
TIFFANY@ESSEXHARVEY.COM	

FORM CONTINUED ON BACK SIDE

FORM RR26U

Service Year 2026

Street Number *e.g. 1234*	Street Name *e.g. North Main Street*	Unit Number	# of Bedrooms *Number Only*	Move-In Date MM/YYYY *e.g. 05/1999*	Effective Date of Last Rent Increase MM/YYYY	Current Monthly Rent
3976	S 3RD AVE	3976	2	/ ● I Don't Know	/ ● I Don't Know	$ 1,000.00

Utility Paid by Landlord		Parking Included in Monthly Rent		Select Only if an Exemption Form Has Been Submitted to LAHD		
				○ T1 Owner Occupied	○ S5 Vacant (Filed with the LA County Recorder)	○ Temporarily Vacant or Employee Unit
○ Gas	○ Electric	○ Yes	● No	○ T3 No Rent Collected	○ Other RSO or JCO Exemption	

Street Number *e.g. 1234*	Street Name *e.g. North Main Street*	Unit Number	# of Bedrooms *Number Only*	Move-In Date MM/YYYY *e.g. 05/1999*	Effective Date of Last Rent Increase MM/YYYY	Current Monthly Rent
3978	S 3RD AVE	3978	2	/ ● I Don't Know	/ ● I Don't Know	$ 1,200.00

Utility Paid by Landlord		Parking Included in Monthly Rent		Select Only if an Exemption Form Has Been Submitted to LAHD		
				○ T1 Owner Occupied	○ S5 Vacant (Filed with the LA County Recorder)	○ Temporarily Vacant or Employee Unit
○ Gas	○ Electric	○ Yes	● No	○ T3 No Rent Collected	○ Other RSO or JCO Exemption	

Street Number *e.g. 1234*	Street Name *e.g. North Main Street*	Unit Number	# of Bedrooms *Number Only*	Move-In Date MM/YYYY *e.g. 05/1999*	Effective Date of Last Rent Increase MM/YYYY	Current Monthly Rent
				/ ○ I Don't Know	/ ○ I Don't Know	$

Utility Paid by Landlord		Parking Included in Monthly Rent		Select Only if an Exemption Form Has Been Submitted to LAHD		
				○ T1 Owner Occupied	○ S5 Vacant (Filed with the LA County Recorder)	○ Temporarily Vacant or Employee Unit
○ Gas	○ Electric	○ Yes	○ No	○ T3 No Rent Collected	○ Other RSO or JCO Exemption	

Street Number *e.g. 1234*	Street Name *e.g. North Main Street*	Unit Number	# of Bedrooms *Number Only*	Move-In Date MM/YYYY *e.g. 05/1999*	Effective Date of Last Rent Increase MM/YYYY	Current Monthly Rent
				/ ○ I Don't Know	/ ○ I Don't Know	$

Utility Paid by Landlord		Parking Included in Monthly Rent		Select Only if an Exemption Form Has Been Submitted to LAHD		
				○ T1 Owner Occupied	○ S5 Vacant (Filed with the LA County Recorder)	○ Temporarily Vacant or Employee Unit
○ Gas	○ Electric	○ Yes	○ No	○ T3 No Rent Collected	○ Other RSO or JCO Exemption	

Street Number *e.g. 1234*	Street Name *e.g. North Main Street*	Unit Number	# of Bedrooms *Number Only*	Move-In Date MM/YYYY *e.g. 05/1999*	Effective Date of Last Rent Increase MM/YYYY	Current Monthly Rent
				/ ○ I Don't Know	/ ○ I Don't Know	$

Utility Paid by Landlord		Parking Included in Monthly Rent		Select Only if an Exemption Form Has Been Submitted to LAHD		
				○ T1 Owner Occupied	○ S5 Vacant (Filed with the LA County Recorder)	○ Temporarily Vacant or Employee Unit
○ Gas	○ Electric	○ Yes	○ No	○ T3 No Rent Collected	○ Other RSO or JCO Exemption	

PART 3 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature* _____ Date 9/29/26

PAGE ____ of ____

Complete this form Online at registerLArent.org or Mail to: P.O. BOX 102658 Pasadena, CA 91189-2658.

Rev. 20250904

*rent amounts are according to tenants