# **City of Berkeley**

Rent Stabilization Program
2125 Milvia Street, Berkeley, CA 94704
Phone: (510) 981-7368 (981-RENT) Fax: (510) 981-4910

## REGISTRATION STATEMENT FOR PARTIALLY COVERED UNITS

Complete this form only for rental properties with single-family homes, condominiums, or dwelling units that have received a Certificate of Occupancy after 1980.

Use this form to register partially covered rental units for the first time, or to make changes to the status of a partially covered unit that has previously been registered. This form may also be used for any change in ownership, management, or mailing address for a property with partially covered units. This form must be completed and submitted, and the fee paid, **within sixty (60) days** of the change in status.

Berkeley	Property Address: <u>PLEASE PRIN</u>	T LEGIBL	Y. OR TYPE			
Street Numb	Street Name			Zip	Number of Units on the property	
PART I.	OWNERSHIP INFORMATION					
0\	omplete this section if you are a wners of record (as reflected by ercentage of ownership.					
1.	Date of purchase, or title trans	fer: _				
2.	The names of all owners of re-		the percentage of	ownership	for each owner must be	
N	ame	%	Name		%	
a)			c)			
b)			d)			
PART II.	MAILING ADDRESS AND PRII	MARY CC	ONTACT			
th	omplete this section and select le Rent Stabilization Program. B lerefore please <b>CHECK ONLY C</b>	ills and co	orrespondence may	only be		
В	illing Contact: Owner 🗌	I	Agent / Manager			
OWNER:			AGENT / MANA	GER:		
lame:		A	gency Name:			
\ddress:		£	Address:			
City, Stat	e, ZIP:		City, State, ZIP:			
Phone: (_	_)	F	Phone: (_)			
Email:		г	Email:			

#### PART III. UNIT STATUS CHANGE FOR PARTIALLY COVERED UNITS

- Complete this section if you have not yet registered your partially covered property or when you are changing the status of any previously registered partially covered unit.
- This form must be completed and the fee paid within 60 days from the date a unit is rented to avoid the assessment of a penalty.

## A Registration of Partially Covered Units

(If new tenancy, a *Tenancy Registration for Partially Covered Units* form is also required.)

Unit Designation	# of Bedrooms	Date Rented	Rent Per Month	Unit Designation	# of Bedrooms	Date Rented	Rent Per Month
			\$				\$
			\$				\$
			\$				\$

### B. Claim of Exemption

Unit

1)
 2)
 3)

Designation

of my knowledge and belief.

Signature

All claims of exemption are subject to verification. If you are unclear whether an exemption applies to your unit, you should consult with a housing counselor. You may be liable for fees and possibly penalties if your units are determined, at any time, to be ineligible for the exemption you claim.

Date of

Exemption

If Owner Occupied, Owner's Name

Date

If you are claiming an exemption for more than 3 units, please use an additional form.

**Exemption Designation** 

\*See list

<u>Status</u>	<u>Designation</u>
OWNER OCCUPIED	Owner of 50% or more occupies the unit and/or shares kitchen and/or bath with tenant.
SECTION 8	Registered with BHA, Section 8 program.
VACANT and NOT	This unit is not now occupied by an owner or tenant, and is not available to be rented.
AVAILABLE FOR RENT	
OCCUPIED RENT-FREE	This unit is provided to the tenant by the owner, rent-free, AND does not require any
	service(s) from the tenant in exchange for the rent-free privilege.
**OTHER	**If you use this designation, you must explain why the unit is exempt.

I declare under penalty of perjury that the above information is true and correct to the best