



Planning & Development Department
 Building & Safety Division
 Housing Code Enforcement – Rental Housing Safety Program

Rental Housing Safety Program Residential Rental Unit/Room Fee Exemption/Correction Form

The Residential Housing Safety Program (RHSP) is established under **Berkeley Municipal Code section 12.48** and requires owners of residential rental property to pay an annual fee of **\$26.00 per residential rental unit**. (A residential rental unit is defined as any building or portion thereof that is rented or is available for rent during the fiscal year and contains living facilities including provisions for sleeping, eating, cooking, and sanitation.) Owners of boarding houses or residential hotels with 5 or more rooms are required to pay an annual fee of **\$13.00 per residential rental room**. (A residential rental room is defined as a room that is rented or available for rent during the fiscal year and is used, or is designed or intended to be used, for sleeping for a period of 14 consecutive days or more and is not a complete dwelling unit or a tourist hotel room.)

BE ADVISED: You will be billed for the total number of rental Units/Rooms located on your property annually. Your bill will be adjusted after this form has been received and processed. This adjustment is good for one billing cycle. Remit your payment based upon the total amount due on the enclosed bill, less amount of claimed exemption(s). If exemption is not granted you will be contacted.

Property Information

Rental Property Address: _____
Owner Name: _____
Mailing Address: _____
Phone Number: (_____) _____
Customer Number: _____ - _____ (please refer to your bill.)

Fee Exemption Claim or Request for Record Correction: (only complete applicable items)

- The correct number of rental Units or Rooms at this property is: Units _____ Rooms _____
- The total number of owner or family member-occupied Units/Rooms is: _____
 (Units/rooms that are occupied by the owner/family member where there is no exchange of money/rent or services.)
- The total number of Units/Rooms that have been continuously vacant for over one year is: _____
- This is not a rental property as of _____ (date)
 (If the units/rooms were rented any time during the Fiscal Year (July 1 – June 30), the fee is still due.)
- I am no longer the owner of this property effective _____ (date)
 (The owner of record as of July 1st is responsible for the entire annual fee.)

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

 (Signature)

 (Date)

 (Print Name)