

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

INITIAL REGISTRATION STATEMENT

In order to be legally registered you have **sixty (60) days** to submit all requested information and to pay the registration fee. After Initial Registration an annual registration fee is due by the first day of July of each year.

PART I. PROPERTY IDENTIFICATION

A. Property Address: _____ Zip Code _____

Parcel Number _____ **Owner Code** _____
(Office Use Only)

B. Owner Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Email: _____

C. Manager Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Email: _____

D. Send information to: Owner Manager

E. Optional email bill reminder to third party Yes No _____ (email)

F. Date Property Purchased or Transferred _____ / _____ / _____

G. Name(s) of additional owner(s) and percentage of interest held:

<u>Name</u>	<u>%</u>	<u>Name</u>	<u>%</u>
_____	_____	_____	_____
_____	_____	_____	_____

H. Total number of residential units on the property: _____

- I. Type of Building:** Single Family Dwelling/Condominium
 Duplex
 Rooming House
 Apartment Building
 Combined commercial and residential units
 Other: _____

J. Do you own any other residential rental property in Berkeley? Yes No
Address: _____ %: _____

PART II. RENT HISTORIES AND DEPOSITS

The following information must be submitted for each unit. If a question does not apply, please write "N/A".

A. Apt or Unit #	_____	_____	_____	_____	_____
B. # of Bedrooms (Studio = 0)	_____	_____	_____	_____	_____
C. Check if Kitchen	[]	[]	[]	[]	[]
D. Date first rented	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
E. Rent on that date	\$_____	\$_____	\$_____	\$_____	\$_____
F. Rent 12/30/79	\$_____	\$_____	\$_____	\$_____	\$_____
G. Rent 5/31/80	\$_____	\$_____	\$_____	\$_____	\$_____
H. Date landlord vacated If formerly owner-occupied	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

PART III. HOUSING SERVICES

Check the housing services provided on 5/31/80 (or 12/31/81 if formerly exempt owner-occupied three or four unit property). For each unit, check box: [], if provided by owner. If not provided by owner, write the amount of fee if service is paid separately by tenant: \$ ____.

<u>Service</u>	<u>Unit #:</u>	_____	_____	_____	_____	_____
Storage	[]	\$_____	[]	\$_____	[]	\$_____
Gas	[]	\$_____	[]	\$_____	[]	\$_____
Electricity	[]	\$_____	[]	\$_____	[]	\$_____
Water	[]	\$_____	[]	\$_____	[]	\$_____
Laundry	[]	\$_____	[]	\$_____	[]	\$_____
Refuse Removal	[]	\$_____	[]	\$_____	[]	\$_____
Furnishings	[]	\$_____	[]	\$_____	[]	\$_____
Parking	[]	\$_____	[]	\$_____	[]	\$_____
Other	[]	\$_____	[]	\$_____	[]	\$_____

Please Note: Designating a rental unit as properly registered does not constitute certification of the lawful base rent, current lawful rent ceiling or any other information provided on the registration statement and shall not preclude the Board or any person from challenging the accuracy of any information provided. (Regulation 801 (C))

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

Signature _____ **Date** _____