

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: PLEASE PRINT LEGIBLY, OR TYPE

Street Number	Street Name	Zip	Number of Units on the property
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PART I. OWNERSHIP INFORMATION

Complete this section if you are a new owner or are registering a property for the first time. List all owners of record (as reflected by the Alameda County Recorder's Office) and each owner's percentage of ownership.

- Date of purchase, or title transfer: _____
- The names of all owners of record, and the percentage of ownership for each owner must be listed for all changes in ownership.

Name	%	Name	%
a) _____	_____	c) _____	_____
b) _____	_____	d) _____	_____

PART II. MAILING ADDRESS AND PRIMARY CONTACT

Complete this section and select either an owner or one agent to receive all correspondence from the Rent Stabilization Program. Bills and correspondence may only be sent to one property; therefore please **CHECK ONLY ONE BOX** to select the billing contact:

Billing Contact: Owner Agent / Manager

OWNER:

Name: _____
Address: _____
City, State, ZIP: _____
Phone: (____) _____
Email: _____

AGENT / MANAGER:

Agency Name: _____
Address: _____
City, State, ZIP: _____
Phone: (____) _____
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

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.

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

	Unit Designation	Exemption Designation <small>*See list</small>	Date of Exemption	If Owner Occupied, Owner's Name
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

*** List of common Exemption Designations:**

<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 AVAILABLE FOR RENT	This unit is not now occupied by an owner or tenant, and is not available to be rented.
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.

**Explanation _____

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

Signature

Date