

City of Berkeley

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

For Office Use Only

Date: _____

Amt. Pd.: _____

Ck. # _____

Rept.# _____

Initials: _____

AMENDED REGISTRATION STATEMENT

Complete this form for any changes in status of a **previously registered** unit on the property, or for any change in ownership, management, or mailing address for this property. This form must be completed and submitted, and the fee paid, **within sixty (60) days** of the change in status, or **BEFORE** July 1, of any year, if July 1 occurs before the end of the sixty days.

If the PROPERTY, or the individual unit(s), you are now registering has never been registered, complete an **INITIAL REGISTRATION STATEMENT**.

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. CHANGE IN OWNERSHIP

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

1. Date of purchase, or title transfer: _____
2. 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. CHANGE IN MAILING ADDRESS

Complete this section if you wish to change the address to which bills and other correspondence are sent. If there are multiple owners or a property manager, **YOU MUST CHOOSE ONLY ONE** name and address to receive all correspondence from the Rent Stabilization Program.

Owner Manager

PLEASE PRINT LEGIBLY, OR TYPE

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

PART III. UNIT STATUS CHANGE FOR UNITS THAT HAVE BEEN PREVIOUSLY REGISTERED

- Complete this section when you are changing the status of any previously registered 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.
- Complete an **Initial Registration Statement** for any unit(s) being registered for the **first time**.

A. Registration of Formerly Exempt Units

(If new tenancy, a *Vacancy Registration* form is also required.)

Unit Designation	Date Rented	Rent Per Month	Unit Designation	Date Rented	Rent Per Month
1) _____	_____	\$ _____	4) _____	_____	\$ _____
2) _____	_____	\$ _____	5) _____	_____	\$ _____
3) _____	_____	\$ _____	6) _____	_____	\$ _____

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