

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: _____

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

The following information must be submitted for all units covered by the Rent Stabilization Ordinance of the City of Berkeley.

A. Property Address: _____

Zip Code: _____

Account/Parcel Number _____ **Tract** _____ **Owner Code** _____

B. Owner Name: _____

Street Address: _____

City, State, Zip: _____

C. Manager Name: _____

Street Address: _____

City, State, Zip: _____

D. Send information to: **Owner** _____ **Manager** _____

E. Date Titled Acquired: (Purchase or Transfer) ____ / ____ / ____

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

Name	%	Name	%
_____	_____	_____	_____
_____	_____	_____	_____

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

H. Type of Building:

- Single Family Dwelling
- Duplex
- Rooming House
- Apartment Building
- Combined commercial and residential units
- Other: _____

Reminder: If you move, change the exempt status, change managers or sell the property, you must notify the Rent Stabilization Board in writing within sixty (60) days.

PART II. RENT HISTORIES, DEPOSITS AND HOUSING REPAIRS

The following information must be submitted for each unit. If you do not know the answer to one of the items, you should submit a **Request for Review of Rent Registration Status**. The Board will review the request and determine if the property is properly registered without the requested information. If a question does not apply, please write "N/A".

A. Apt or Unit #	_____	_____	_____	_____	_____
B. # of Bedrooms (Studio = 0)	_____	_____	_____	_____	_____
C. Check if Kitchen	[]	[]	[]	[]	[]
D. Amount of Deposits	\$_____	\$_____	\$_____	\$_____	\$_____
E. Date first rented	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
F. Rent on that date	\$_____	\$_____	\$_____	\$_____	\$_____
G. Rent 6/6/78	\$_____	\$_____	\$_____	\$_____	\$_____
H. Rent 12/30/79	\$_____	\$_____	\$_____	\$_____	\$_____
I. Rent 5/31/80	\$_____	\$_____	\$_____	\$_____	\$_____
	OR				
J. *Rent 12/31/81	\$_____	\$_____	\$_____	\$_____	\$_____

*if formerly exempt owner-occupied triplex or fourplex.

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: \$ ____.

Service	Unit #:	_____	_____	_____	_____	_____
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** _____