

REC. ONLY

APP. ONLY

# City of Berkeley

Rent Stabilization Program

2000 Center Street, Suite 400, Berkeley, CA 94704  
Phone: (510) 981-7368 (981-RENT) Fax: (510) 809-3921  
Email : rentregistry@cityofberkeley.info

## 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: \$ \_\_\_\_.

<b>Service</b>	<b>Unit #:</b>	_____	_____	_____	_____	_____
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** \_\_\_\_\_