

## CITY OF OAKLAND RENT ADJUSTMENT PROGRAM

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Oakland, CA 94612 Tel: (510) 238-3721

Email: rentregistry@oaklandca.gov

# RENT ADJUSTMENT PROGRAM (RAP) PROPERTY REGISTRATION FORM

REGISTER ONLINE: www.rentregistry.oaklandca.gov

Owners Must Register All Units Subject to RAP Fee (O.M.C. § 8.22.510). Use this form to:

- Register a rental property/unit <u>for the first time</u> under O.M.C. § 8.22.510
- Update ownership/mailing information
- Claim a property/unit exempt.

To fully register a property, owners must complete: 1) Property Registration Form; AND 2) a Tenancy Registration Form for EACH tenant-occupied, covered unit.

For instructions on completing this form, and for more information on which units must be registered/claimed exempt, please see "Instructions for Completing Property Registration Form."

1. Property Address (as shown on Alameda County tax bill):										
					Oakland, CA 946					
	2. TOTAL Number of residential units on property, including exempt residential units.  See "Instructions for Completing Property Registration Form" for more information on residential units and exemptions.									
3.	Year Property Built:	4. Assessor Parcel Number	4. Assessor Parcel Number (APN):		5. Date of Purchase or Title Transfe					
6. Owner Name(s). The names of ALL owners of record, plus percentage share, must be listed below:										
Nan	ne:	Ownership %:	Name:		Ownership %:					
Nan	ne:	Ownership %:	Name:		Ownership %:					
7. Owner Mailing Address 8. Check if new owner/address										
Owner Name: Contact Name:										
Street Address: City, State, Zip:										
Phone: Email:										
9. Agent / Manager Mailing Address 10. Check if new manager/address										
Con	Company Name: Contact Name:									
Stre	Street Address: City, State, Zip:									
Pho	Phone: Email:									
11.	11. Send all RAP Registration mailings to (check one): ☐ Owner ☐ Agent/Manager									

#### 12. Register a Unit

This section must be completed to register all units subject to the Rent Adjustment Program (RAP) Fee that are rented or available for rent. For more information on which units must be registered under O.M.C. § 8.22.510, see "Instructions for Completing Property Registration Form."

**Please list ALL units that are subject to the RAP fee below.** If more space is needed, attach a separate piece of paper with the requested information. If you wish to claim a unit exempt from the registration requirement, go to Section 11.

In addition to listing units below, EACH tenant-occupied unit will require its own RAP Tenancy Registration Form.

If you have questions about which units need to be registered, please contact RAP at (510) 238-3721, Option 2.

<b>Unit Street Address</b> (e.g., 123 Main Street)	Unit Number or Name (e.g., #A, #1/2, #UPPER)	Year Unit Built (If different from Year Property Built. If unknown, leave blank.)	No. of Bedrooms	No. of Bathrooms	If Rented: Date Current Tenancy Started	If Vacant:  Date Previous Tenant Moved Out
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

### EACH tenant-occupied unit subject to the RAP fee requires a RAP Tenancy Registration Form.

#### 13. Claim an Exemption

Please list all units that qualify for exemption. Please refer to "Instructions for Completing Property Registration Form" for more information on exemption(s) that you may qualify for, as well as required documentation. If your unit qualifies for an exemption, please list the unit address below, the exemption type, and the date that the unit became exempt OR attach a separate sheet. Additional documentation may be requested for any exemption claim. All claims of exemption are subject to verification. If you have questions about exemptions, please contact RAP at (510) 238-3721, option 2.

Unit Street Address	Unit Number or Name	No. of Bedrooms	No. of Bathrooms	Exemption Type (See instructions)	Exemption Start Date
1.					
2.					
3.					
4.					
5.					

14. <u>Declaration and Signature:</u> I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct.

Print Name: Signature: Date: