



City of Alameda
2018/19 Rent Program Registration & Payment Form
2263 Santa Clara Ave., Room 220
Alameda, CA 94501
Phone: 510-747-4881 Fax: 510-865-4045
Email: finance@alamedaca.gov

Date Received:

A. PROPERTY OWNER CONTACT INFORMATION Received by:

* Denotes a required field

First & Last Name (Primary Owner Named on Title)*

Additional Owners (Present on Title)

Owner Mailing Address*

City*

State*

Zip*

Owner's Phone*

Owner's Email*

Owner is a (please select one):*

- Individual Trust LLC Corporation or Partnership

(if selected, complete next field)

If Trust, LLC, Corporation or Partnership is selected, provide name(s) of Trustee(s)/CEO/Managing Partner:

Date Property Acquired*

B. RENTAL STATUS Complete Sections D and G.

- This property is not a rental unit.
- This property is a rental unit but the owner does not intend to rent this property during Fiscal Year 2018/19 (July 1, 2018 to June 30, 2019) (e.g. this property is solely Owner Occupied).

C. PROPERTY MANAGER INFORMATION (Please fill out all fields if applicable)

Property Management Company

Property Manager Full Name

Property Manager Address

City

State

Zip

Phone

Email

Send Rent Program mail and email notifications to (check all that apply):

- Owner Mailing Address Property Manager Mailing Address
- Owner Email Property Manager Email
- Check this box to subscribe to the Rent Program e-newsletter for news and updates.

D. PROPERTY INFORMATION

Assessor Parcel Number (APN) *

Street Number*

Street Name*

City*

State*

Zip*

Business License Number (If Applicable)

Business License Expiration Date

E. RESIDENTIAL UNIT SUMMARY (ONLY include units associated with APN above)*

1. Number of **Single-Dwelling Units (e.g. Single Family Home/ Condo):**

List unit address in Appendix A.

2. Number of **Residential Units in the Multi-Dwelling complex (e.g. two (2) or more rental units):**

List unit address(es) in Appendix A.

3. Number of **Rental Units Not Subject to Rent Program Fee (e.g. Section 8 Housing - see part F below):**

4. Number of **Owner Occupied Units:**

5. **Total Number of Rental Units LESS Rental Units Not Subject to Rent Program Fee and Owner Occupied Units:**

TOTAL RENT PROGRAM FEE CALCULATOR

Number of Units:

(Please enter total units from Item # 5 above)

Fee per unit

x **\$106**

(Multiply #/units by Rent Program Fee \$106)

Total Fee Due

\$

Mail Money Order/Check Payable to the City of Alameda or pay in person by Credit Card.

Program Fee

Multi-Dwelling Unit (two or more Rental Units)

Per Rental Unit

\$106

Single Dwelling Unit (Single Family Home/Condo)

Per Rental Unit

\$106

F. RENTAL UNITS NOT SUBJECT TO THE RENT PROGRAM FEE

The following Rental Units are not subject to the Program Fee: Housing Units, regardless of ownership, regulated by federal law (e.g. Section 8 housing) or by a regulatory rental agreement between a Landlord and (i) City, (ii) the Housing Authority, (iii) any agency of the State of California or the Federal Government, in addition to other Rental Units as set forth in Section 6-58.15.Z of Ordinance No. 3148.

G. DECLARATION*

I declare under penalty of perjury under the laws of the State of California that the information represented on this form is true and correct and that this Declaration was executed at _____, California.

Signature of Owner or Authorized Agent: _____

Date: _____

