



City of Alameda Rent Program
950 W. Mall Square, Room 172
Alameda, CA 94501

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Web
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rentprogram@alamedaca.gov

FORM RP-221(B)
Annual Registration Statement

Contact us if you need translation services or reasonable accommodations due to disabilities.

Landlords of units subject to rent control must provide an annual registration statement by no later than August 31 of the current program year. *See Rent Ordinance Regulation 20-01.* Landlords (or their designated property managers) are encouraged to do so online at registry.alamedarentprogram.org or may submit this form. This information allows the Rent Program to annually inform both tenants and landlords by how much each unit's rent may be increased in compliance with local law.

Part 1. Basic Information

Rental Property Primary Address:

(Street Number and Name)	(Zip Code)
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Assessor's Parcel Number (APN):

- Owner Type:
- Individual Married Couple
 - Real estate investment trust as defined in Section 856 of the Internal Revenue Code
 - Trust, other than a real estate investment trust
 - Limited Liability Company (LLC) in which at least one member is a corporation
 - Limited Liability Company (LLC) in which no member is a corporation
 - Corporation or Partnership

Owner Name(s): _____
(If the owner is a Trust, LLC, Corporation or Partnership, provide the name of the Trustee/CEO/Managing Partner)

Owner Mailing Address: _____
(Street Number and Name) (Unit #) (City) (State) (Zip Code)

Owner Phone:

Owner Email:

Part 2. Manager Information (If property does not have a manager or no change since initial registration, skip to Part 3)

Manager First Name:

Manager Last Name:

Property Management Company:

Manager Mailing Address:

Manager Phone:

Manager Email:

Should Manager Receive Payment and Registration Notifications?: Yes No

Part 3. Unit Information (Complete fields A-D for each unit on property and fields E-J for units occupied by a Tenant or Rent-Subsidized Tenant. Use next page and additional worksheet(s) as needed.)

Unit #1

A. Unit Address:

B. Unit Number:

C. Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3+ Bedroom

D. Select Occupant: Tenant Owner Vacant Manager

Rent-Subsidized Tenant (i.e. Section 8) Short-Term Rental Non-residential Commercial

E. Start Date of Tenancy _____
Month/Day/Year

F. Date of Last Rent Increase (if applicable): _____
Month/Day/Year

G. Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$

H. Current Monthly Rent (exclude fee pass-throughs, or other non-contract amounts) : \$

I. Tenant First Name:

J. Tenant Last Name:

Unit #2

A. Unit Address:

B. Unit Number:

C. Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3+ Bedroom

D. Select Occupant: Tenant Owner Vacant Manager

Rent-Subsidized Tenant (i.e. Section 8) Short-Term Rental Non-residential Commercial

E. Start Date of Tenancy _____
Month/Day/Year

F. Date of Last Rent Increase (if applicable): _____
Month/Day/Year

G. Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$

H. Current Monthly Rent (exclude fee pass-throughs, or other non-contract amounts) : \$

I. Tenant First Name:

J. Tenant Last Name:

Unit #3

A. Unit Address:

B. Unit Number:

C. Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3+ Bedroom

D. Select Occupant: Tenant Owner Vacant Manager

Rent-Subsidized Tenant (i.e. Section 8) Short-Term Rental Non-residential Commercial

E. Start Date of Tenancy _____
Month/Day/Year

F. Date of Last Rent Increase (if applicable): _____
Month/Day/Year

G. Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$

H. Current Monthly Rent (exclude fee pass-throughs, or other non-contract amounts) : \$

I. Tenant First Name:

J. Tenant Last Name:

Unit #4

A. Unit Address:

B. Unit Number:

C. Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3+ Bedroom

D. Select Occupant: Tenant Owner Vacant Manager

Rent-Subsidized Tenant (i.e. Section 8) Short-Term Rental Non-residential Commercial

E. Start Date of Tenancy _____
Month/Day/Year

F. Date of Last Rent Increase (if applicable): _____
Month/Day/Year

G. Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$

H. Current Monthly Rent (exclude fee pass-throughs, or other non-contract amounts) : \$

I. Tenant First Name:

J. Tenant Last Name:

Unit #5

A. Unit Address:

B. Unit Number:

C. Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3+ Bedroom

D. Select Occupant: Tenant Owner Vacant Manager

Rent-Subsidized Tenant (i.e. Section 8) Short-Term Rental Non-residential Commercial

E. Start Date of Tenancy _____
Month/Day/Year

F. Date of Last Rent Increase (if applicable): _____
Month/Day/Year

G. Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$

H. Current Monthly Rent (exclude fee pass-throughs, or other non-contract amounts) : \$

I. Tenant First Name:

J. Tenant Last Name:

Signature

Declaration: I (we) declare under penalty of perjury under the laws of the State of California that the contents of the foregoing application and all attachments and accompanying documents are true, correct, and complete.

Signature:

Date:

Print Name:

If you need additional worksheets to complete unit information for the property, please contact program staff or copies can be found online and at City Hall West.

To request a unit fee exemption, please use **Form RP-221(D)** and provide supportive documentation. Units may eligible for a fee exemption in the following circumstances:

- The unit is owner-occupied
- The occupant does not pay rent
- The unit is a commercial business (non-residential)
- The unit is rented to transient guests (30 days or less)
- The unit is occupied by a property manager
- The unit is vacant, and will remain so through June 30, 2027

PLEASE NOTE: Vacancy exemptions must be verified each fiscal year. All other exemptions remain in effect until the unit's occupancy status changes.