



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

Phone
Web
Email

(510)747-7520
alamedarentprogram.org
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. *To request a unit be exempted from the annual program fee, please use form RP-221(D)*

Part 1. Basic Information

Rental Property Primary Address: _____
(Street Number and Name) (Zip Code)

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 First Name: _____ Owner Last Name: _____
 (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: _____
(Street Number and Name) (Unit #) (City) (State) (Zip Code)

Manager Phone: _____ Manager Email: _____

Should Manager Receive Payment and Registration Notifications?: Yes No

Part 3. Unit Information *(Complete for each unit on property. Use next page and additional worksheet(s) as needed.)*

Unit #1

Unit Address: _____ Unit Number: _____

Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4+ Bedroom

Select Occupant: Tenant Owner Vacant Manager
 Rent-Subsidized Tenant (i.e. Section 8) Short-Term Rental Non-residential Commercial

Starts Date of Tenancy _____ Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date
Month/Day/Year (whichever is most recent): \$

Current Monthly Rent: \$ _____ Date of Last Rent
 Increase (if applicable): _____
Month/Day/Year

Last Rent Increase Percent (if applicable): _____ % Last Rent Increase Amount (if applicable): \$ _____

Tenant First Name: _____ Tenant Last Name: _____

Unit #2

Unit Address:	Unit Number:
Number of Bedrooms: <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4+ Bedroom	
Select Occupant: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Manager	
<input type="checkbox"/> Rent-Subsidized Tenant (i.e. Section 8) <input type="checkbox"/> Short-Term Rental <input type="checkbox"/> Non-residential Commercial	

Starts Date of Tenancy _____ Month/Day/Year	Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$
Current Monthly Rent: \$	Date of Last Rent Increase (if applicable): _____ Month/Day/Year
Last Rent Increase Percent (if applicable): %	Last Rent Increase Amount (if applicable): \$
Tenant First Name:	Tenant Last Name:

Unit #3

Unit Address:	Unit Number:
Number of Bedrooms: <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4+ Bedroom	
Select Occupant: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Manager	
<input type="checkbox"/> Rent-Subsidized Tenant (i.e. Section 8) <input type="checkbox"/> Short-Term Rental <input type="checkbox"/> Non-residential Commercial	

Starts Date of Tenancy _____ Month/Day/Year	Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$
Current Monthly Rent: \$	Date of Last Rent Increase (if applicable): _____ Month/Day/Year
Last Rent Increase Percent (if applicable): %	Last Rent Increase Amount (if applicable): \$
Tenant First Name:	Tenant Last Name:

Unit #4

Unit Address:	Unit Number:
Number of Bedrooms: <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4+ Bedroom	
Select Occupant: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Manager	
<input type="checkbox"/> Rent-Subsidized Tenant (i.e. Section 8) <input type="checkbox"/> Short-Term Rental <input type="checkbox"/> Non-residential Commercial	

Starts Date of Tenancy _____ Month/Day/Year	Rent Charged (a) on Sept. 1, 2019, or (b) on Start Date (whichever is most recent): \$
Current Monthly Rent: \$	Date of Last Rent Increase (if applicable): _____ Month/Day/Year
Last Rent Increase Percent (if applicable): %	Last Rent Increase Amount (if applicable): \$
Tenant First Name:	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: _____

Additional Units Worksheet

Rental Property Primary Address: _____

(Street Number and Name)

(Zip Code)

Unit Information

Unit Address: _____ Unit Number: _____

Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4+ Bedroom

Select Occupant: Tenant Owner Vacant Manager

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

Starts Date of Tenancy _____
Month/Day/Year

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

Current Monthly Rent: \$

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

Last Rent Increase Percent (if applicable): %

Last Rent Increase Amount (if applicable): \$

Tenant First Name:

Tenant Last Name:

Unit Information

Unit Address: _____ Unit Number: _____

Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4+ Bedroom

Select Occupant: Tenant Owner Vacant Manager

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

Starts Date of Tenancy _____
Month/Day/Year

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Last Rent Increase Percent (if applicable): %

Last Rent Increase Amount (if applicable): \$

Tenant First Name:

Tenant Last Name:

Unit Information

Unit Address: _____ Unit Number: _____

Number of Bedrooms: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4+ Bedroom

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Unit Information

Unit Address: _____ Unit Number: _____

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