



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

PHONE: (510) 747-7520  
WEB: [www.alamedarentprogram.org](http://www.alamedarentprogram.org)  
EMAIL: [rentprogram@alamedaca.gov](mailto:rentprogram@alamedaca.gov)

• FORM RP-223 •

**Rent Registration Form for Condominiums and Single-family Homes**

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

**PURPOSE**

A landlord may use this form to submit rental property information for a rental unit at a condominium or single-family home to meet requirements set forth in the Alameda Municipal Code, section 6-58.55.

**FOR YOUR INFORMATION**

This form becomes a public record when submitted and is subject to disclosure.

**Ownership Information**

1. Owner Name: \_\_\_\_\_  
*If the owner is a Trust, LLC, Corporation or Partnership, provide the names(s) of the Trustee(s)/CEO/Managing Partner.*
2. Business Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip: \_\_\_\_\_
7. Phone: \_\_\_\_\_ 8. Email: \_\_\_\_\_
9. When was the property purchased? \_\_\_\_\_ / \_\_\_\_\_  
Month / Year
10. Owner Type (Select one):
- |  |  |
|--|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation   |
| <input type="checkbox"/> Trust, other than a real estate investment trust as defined in Section 856 of the Internal Revenue Code | <input type="checkbox"/> Real estate investment trust as defined in Section 856 of the Internal Revenue Code |
| <input type="checkbox"/> Limited Liability Company(LLC) in which no member is a corporation                                      | <input type="checkbox"/> Limited Liability Company (LLC) in which at least one member is a corporation       |

### Property Manager Information

11. Name: \_\_\_\_\_
12. Business Name: \_\_\_\_\_
13. Mailing Address: \_\_\_\_\_
14. City: \_\_\_\_\_ 15. State: \_\_\_\_\_ 16. Zip: \_\_\_\_\_
17. Phone: \_\_\_\_\_ 18. Email: \_\_\_\_\_
19. Would you like the property manager to receive registration and payment notifications? YES \_\_\_\_\_ NO \_\_\_\_\_

### Rental Unit Information

20. Assessor Parcel Number (APN): \_\_\_\_\_
21. Rental Property Address: \_\_\_\_\_
- 22.. Number of Bedrooms: \_\_\_\_\_
- 23.. Occupant Type:
- ☐ Tenant ☐ Rent Subsidized Tenant
24. Start Date of Tenancy: \_\_\_\_\_  
Month / Day / Year
25. Date of Last Rent Increase: \_\_\_\_\_  
Month / Day / Year
26. Current Rent: \$ \_\_\_\_\_

### Declaration Statement

I declare under penalty of perjury under the laws of the State of California that:

- a) I have read and reviewed the content of this form
- b) The information I have provided in this form is true and correct to the best of my knowledge and belief.
- c) All attachments are either original documents or true and correct copies of the original documents.
- d) I have read the Rent Ordinance and the Regulations/policies that the City has promulgated to implement the Rent Ordinance and will abide by the Rent Ordinance, the Regulations and policies.
- e) This declaration was executed on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature