



FOR OFFICE USE ONLY
Date Received:

City of East Palo Alto
Rent Stabilization Program
2415 University Avenue, 2nd Floor
East Palo Alto, CA 94303
Tel: (650) 853-3157 / Fax: (650) 853-3115

Claim for Exempt Status Under the Rent Stabilization Ordinance

No Rent Registration Fee is Required for Exempt or Partially Exempt Rental Units.

Check each box that applies and provide required documentation. See attached Notice of Allowed Exemptions for documentation to be supplied with each exemption claim.

Property Address _____
Unit # (if applicable)

Is the entire property claimed as Exempt? Yes No Total number of units on the property: ____

Check each Box that applies. Indicate the number of exempt units claimed for each category.

PARTIALLY EXEMPT UNITS. (Under Section 5.B of the Rent Stabilization Ordinance)

- | | | |
|------------------------------------------------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> Single Family Dwelling | Date of occupancy: _____ | Number of Units Claimed: |
| <input type="checkbox"/> Unit in Owner-Occupied Two- & Three-Unit Properties | | _____ |
| <input type="checkbox"/> Newly Constructed Unit | | _____ |
| <input type="checkbox"/> Non-Profit Housing Project with Rent Covenants | | _____ |

PARTIALLY EXEMPT UNITS. (Under Section 5.C of the Rent Stabilization Ordinance)

- | | | |
|--------------------------------------------------------------------------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Units with Voucher Assistance | | Number of Units Claimed: |
| (For rental units under Sec. 8 contract submit registration forms reporting ALL required information.) | | _____ |

FULLY EXEMPT UNITS (Under Section 5.A of the Rent Stabilization Ordinance)

- | | | |
|----------------------------------------------------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Transient Occupancy | | Number of Units Claimed: |
| <input type="checkbox"/> Units Exempted by State and Federal Law | | _____ |
| <input type="checkbox"/> Care Facilities | | _____ |
| <input type="checkbox"/> Resident-Owned Non-Profit Housing | | _____ |
| <input type="checkbox"/> Units (Rooms) Within Dwelling Unit Shared with Landlord | | _____ |

<i>Applicant/Owner:</i>	<i>Representative/Agent (if applicable):</i>
Name:	Name:
Address:	Address:
City:	City:
Telephone: ()	Telephone: ()
Fax: ()	Fax: ()
Email	Email

I understand that any change in the status of a unit or property from exempt to non-exempt must be reported, on a Board supplied form, to the Rent Stabilization Program within sixty (60) days of the change.

I hereby declare under penalty of perjury under the laws of the State of California that all the information in this Claim for Exempt Status form is true and correct.

Print Name _____
Signature _____
Date