



CITY OF OAKLAND
RENT ADJUSTMENT PROGRAM
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 Oakland, CA 94612
 Tel: (510) 238-3721
 Email: rentregistry@oaklandca.gov

RENT ADJUSTMENT PROGRAM (RAP)
PROPERTY REGISTRATION FORM
 REGISTER ONLINE: www.rentregistry.oaklandca.gov

Owners Must Register All Units Subject to RAP Fee (OMC § 8.22.510). Use this form to:

- Register a rental property/unit for the first time under OMC § 8.22.510
- Update ownership/mailling information
- Claim a property/unit exempt

To fully register a property, owners must complete: 1) Property Registration Form; AND 2) a Tenancy Registration Form for EACH tenant-occupied, covered unit.

For instructions on completing this form and for more information on which units must be registered/claimed exempt, please see "Instructions for Completing Property Registration Form."

1. Rental Property Address (as shown on Alameda County tax bill):

_____ Oakland, CA 946_____

2. TOTAL number of residential units on property, including exempt residential units. See "Instructions for Completing Property Registration Form" for more information on residential units and exemptions.

3. Year Property Built:

4. Assessor Parcel Number (APN):

5. Date of Purchase or Title Transfer:

6. Owner Name(s). The names of ALL owners of record, plus percentage share, must be listed below:

Name: _____ Ownership %: _____ Name: _____ Ownership %: _____

Name: _____ Ownership %: _____ Name: _____ Ownership %: _____

7. Owner Mailing Address

Owner Name: _____ Contact Name: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

8. Agent / Manager Mailing Address:

Company Name: _____ Contact Name: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

9. Send all RAP Registration mailings to (check one):

Owner Agent/Manager

10. Register a Unit

This section must be completed to register all units subject to the Rent Adjustment Program (RAP) Fee that are rented or available for rent. For more information on which units must be registered under O.M.C. § 8.22.510, see “Instructions for Completing Property Registration Form.”

Please list ALL units that are subject to the RAP fee below. If more space is needed, attach a separate piece of paper with the requested information. If you wish to claim a unit exempt from the registration requirement, go to Section 11.

In addition to listing units below, EACH tenant-occupied unit will require its own RAP Tenancy Registration Form.

If you have questions about which units need to be registered, please contact a RAP Housing Counselor at (510) 238-3721.

Unit Street Address (e.g., 123 Main Street)	Unit Number (e.g., #A, #1/2, #UPPER)	Year Unit Built (If different from Year Property Built. If unknown, leave blank.)	Certificate of Occupancy Date for Unit (If different from Year Property Built)	Unit Is Ground Up New Construction? (Y/N/Unknown)	Date Current Tenancy Started <u>OR</u> Date Unit Became Available for Rent (if vacant)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

EACH tenant-occupied unit subject to the RAP fee requires a RAP Tenancy Registration Form.

11. Claim an Exemption

Please list all units that qualify for exemption. Please refer to “Instructions for Completing Property Registration Form” for more information on exemption(s) that you may qualify for, as well as required documentation. If your unit qualifies for an exemption, please list the unit address below, the exemption type, and the date that the unit became exempt OR attach a separate sheet. Additional documentation may be requested for any exemption claim. All claims of exemption are subject to verification. Exempt units do NOT require a RAP Tenancy Registration Form.

If you have questions about exemptions, please contact a RAP Housing Counselor at (510) 238-3721.

Unit Street Address	Unit Number or Name	No. of Bedrooms	No. of Bathrooms	Exemption Type (See instructions)	Exemption Start Date
1.					
2.					
3.					
4.					
5.					
6.					

12. I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct.

Print Name:

Signature:

Date: