

**City of Richmond Rent Program
2018 INITIAL PROPERTY ENROLLMENT FORM**
This form may be completed online at www.richmondrent.org/enroll



**A separate enrollment form must be completed for each parcel with at least one Rental Unit (Regulation 402)
IF THIS PROPERTY IS NOT A RENTAL, PLEASE CALL 510-234-RENT (7368)**

Property Ownership Status (Required)

Rental Property Street Address: 1234 Main Street
 City: Richmond State: CA ZIP: 94804
 Parcel Number: 1 2 3 - 4 5 6 - 7 8 9

Does the person or entity to whom this mailing was addressed hold title to the property above?
 YES → please complete Steps A-D
 NO → please enter the New Property Owner's information below (if known) and send this form back to the Richmond Rent Program (*address located on the bottom left of this page*)

New Property Owner's Information

Name (first, last): _____ Phone Number: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____

A: Who holds title? (Required)

ALL Owners must be on title; attach additional sheets as necessary if there are more than 2 Owners

**Bus. = Business*

Owner 1 Information

Name (first, last): Malik Johnson Ownership % : 50
 Bus. Mailing Address: 5432 Maple Ave
 City: Las Vegas State: NV ZIP: 88901
 Bus. Phone Number: 555-123-4567 Bus. Email Address: mjohnson@gmail.com

If Owner is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing member, CEO or responsible party below.
 Name: N/A Title: N/A

Owner 2 Information

Name (first, last): Jane Smith Ownership % (if any): 50
 Bus. Mailing Address: 2345 Maple Ave
 City: Las Vegas State: NV ZIP: 88901
 Bus. Phone Number: 555-987-6543 Bus. Email Address: jsmith@gmail.com

If Owner is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing member, CEO or responsible party below.
 Name: N/A Title: N/A

B: Who do you authorize to sign Rent Program documents for you? (Optional)

AUTHORIZE AN AGENT OR PROPERTY MANAGER (OPTIONAL)

Declaration: I am the owner of the property identified above. I hereby authorize and appoint the following agent to complete and execute, under penalty of perjury, the Richmond Rent Program Enrollment, Termination of Tenancy and Rent Increase forms for this property. I agree to be bound by each document filed by this person to the same extent as if I had completed the document and executed it under penalty of perjury myself.

Company Name (if any): Property Management Inc Agent Name: Alonzo Harris
 Bus. Mailing Address: 555 Jackson St.
 City: Pinole State: CA ZIP: 94564
 Bus. Phone Number: 510-123-4567 Bus. Email Address: propertymanagers@gmail.com

Owner Signature (Required): Malik Johnson

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C: Rent Program Mail

Where would you like us to send Rent Program notifications and statements? (Check ONE)

Owner 1 Business Mailing Address Owner 2 Business Mailing Address

Authorized Agent or Property Manager Business Mailing Address

Would you like to have your email added to our Rent Program Listserv? Yes No

D: What is the Status of each Rental Unit? (Required)

Total # of Dwelling Units: 4

Indicate your Property Type (CHECK ONE)

Multi-unit (2+ units) constructed **BEFORE** February 1, 1995

Multi-unit (2+ units) constructed **AFTER** February 1, 1995

Single-Family Home or Condominium

Rooming and Boarding House or SRO (Single Room Occupancy) Building Rental Property

Any permitted small, second housing unit built in compliance with the Small, Second Unit Ordinance of the City of Richmond (RMC 15.04.810).

Other: _____

Refer to the table below for clarification on Unit Status Code

If the Property has more than 5 units, complete Section D (Part 2)

Unit Address	Unit Status Code LIST ALL THAT APPLY <i>See Codes Below</i>	Date Tenancy Started <i>(mm/dd/yyyy)</i>
1234 Main Street #A	SEC 8, CR	12/01/2011
1234 Main Street #B	AFR	
1234 Main Street #C	CR	04/01/2010
1234 Main Street #D	NAR	

Unit Status Codes

[SEC 8] Governmentally-Subsidized Rental Housing: Section 8 Subsidy (Project-Based or Tenant-Based)

[LIHTC] Governmentally-Subsidized Rental Housing: Low Income Housing Tax Credits (LIHTC)

[GOVT. OTH.] Governmentally-Subsidized Rental Housing: Other form of subsidy *specify*: _____

[BMR] Owner/developer entered into a regulatory agreement w/ a Governmental Agency that restricts the amount of Rent that may be charged

[CR] Unit is Currently Rented

[AFR] Unit is Available for Rent but is not rented

[NAR] Unit is Not Available for Rent; Will **not** be on the Rental Market at any period between July 1, 2018 - June 30, 2019

[OWN OCCPD] Unit is occupied by an Owner of record.

[RENT FREE] Unit is occupied by a Tenant under an agreement in which no rent or anything else given in lieu of rent is collected for the use and occupancy of the Rental Unit

[OTHER] Specify: _____

Declaration and Signature

The undersigned does hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This form has been completed and signed by (check one):

Owner on Title Property Manager / Authorized Agent

Signature: Malik Johnson Print: Malik Johnson

Date (mm/dd/yyyy): 11 / 1 / 2018