



Planning & Development Department
 Building & Safety Division
 Housing Code Enforcement – Rental Housing Safety Program

Rental Housing Safety Program Residential Rental Unit/Room Fee Exemption/Correction Form

This form should only be filled out if you are requesting an exemption or to correct the total number of units located at your property.

The Residential Housing Safety Program (RHSP) was established under **Berkeley Municipal Code section 12.48** and requires owners of residential rental property to pay an annual fee of **\$56.00 per residential rental unit**. Owners of boarding houses or residential hotels with five or more rooms are required to pay an annual fee of **\$28.00 per residential rental room**. *A residential rental unit is defined as any building or portion thereof that is rented or is available for rent during the fiscal year and contains living facilities including provisions for sleeping, eating, cooking, and sanitation. A residential rental room is defined as a room that is rented or available for rent during the fiscal year and is used, or is designed or intended to be used, for sleeping for a period of 14 consecutive days or more and is not a complete dwelling unit or a tourist hotel room.*

BE ADVISED:

- **You will be billed for the total number of Units/Rooms located on your property annually regardless if the unit(s) are rental or owner occupied.**
- **Your bill will be adjusted after this form has been received and processed. This adjustment is good for one billing cycle.**
- **You should remit your payment based upon the total amount due, less the amount of claimed exemption(s).**
- **If the exemption is not granted you will be notified.**

Property Information

Property Address: _____
 Owner Name: _____
 Mailing Address: _____
 Phone Number: (_____) _____
 Customer Number: _____ - _____ (please refer to your bill.)

To Claim A Fee Exemption: (only complete applicable items)

- The number of **owner or family member-occupied** is: Units _____ **OR** Boarding Rooms _____
 (Units/rooms that are occupied by the owner or family member where there is no exchange of money/rent or services.)
- The total number of Units/Rooms that have been **continuously vacant** for over one year is: _____
- This **has not been a rental property since** _____ (date)
 (If the units/rooms were rented **any time** during the previous Fiscal Year (July 1 – June 30), the fee is still due.)

To Correct the Account: (only complete applicable items)

- The **total number** of Units or Boarding Rooms at this property is: Units _____ **OR** Boarding Rooms _____
 (The total number of units or boarding rooms is the total number on the property, not the number that are rented.)
- I am **no longer the owner** of this property effective _____ (date)
 (The owner of record as of July 1st is responsible for the entire annual fee.)

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

 (Signature)

 (Print Name)

 (Date)