



RENTAL RIGHTS AND REFERRALS PROGRAM (RRRP)

Request for Fee Exemption (Apartment) DUE: SEPTEMBER 15, 2012

Name of Owner: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone #: _____

Permit Number: _____

Property Address: _____

Number of Units Exempt: _____

Total Number of Units in the Complex: _____

Year Complex Built: _____

_____ The property owner occupies one of the units. Attach current proof of use as your residence (such as a utility bill showing the service address)

_____ The rental unit is used for transient accommodations (for periods of less than 30 days) in a hotel or guest house. Attach a copy of the Transient Occupancy Registration Certificate.

_____ The rental unit is owned or operated by a governmental agency. Attach current proof of ownership or operation.

_____ The rent is subsidized by a governmental agency. Attach current proof of government agency and type of subsidy (for example: Owner Direct Deposit Notification/Housing Authority or Annual Owner Certification/California Tax Credit).

_____ The property is a: hospital; convent; monastery; extended care facility; emergency residential shelter; residential care facility; residential service facility; asylum; nonprofit home for the aged; fraternity or sorority house; or is a dormitory owned and operated by an institution of higher education; high school; or elementary school. Attach current proof of use (for example: Department of Social Services License).

I declare under penalty of perjury that the foregoing statements are true.

Signature

Date