



# CITY OF OAKLAND

FMA, Revenue-Business Tax  
250 Frank H. Ogawa Plaza, Suite 1320  
Oakland, CA 94612  
Phone: (510) 238-3704 TTY (510) 238-3254  
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For Office Use Only

ACCOUNT #: \_\_\_\_\_  
APN: \_\_\_\_\_

Website: <http://www2.oaklandnet.com/government/o/hcd/o/RentAdjustment/index.htm>

## NEW RENT PROGRAM SERVICE FEE APPLICATION

Note: Please read all instructions on the other side before completing this application.

All residential rental properties are subject to pay Business Tax in the City of Oakland. To obtain a NEW BUSINESS TAX RENTAL APPLICATION, please visit their Website at: <http://www2.oaklandnet.com/w/OAK046736>

1. PROPERTY OWNERSHIP REQUIRED (Must match information on Alameda County Tax Records)		
LAST NAME	FIRST NAME	M.I.
1a. _____	_____	_____
1b. _____	_____	_____
1c. _____	_____	_____

2. RENTAL ADDRESS: \_\_\_\_\_  
Number Street Suite

3. CITY: OAKLAND STATE: CA ZIP +4: \_\_\_\_\_ 4. RENTAL START DATE: \_\_\_\_\_

5. CONTACT PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_

6. MAILING NAME: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

7. MAILING ADDRESS: \_\_\_\_\_  
Number Street Suite

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP +4: \_\_\_\_\_

8. DWELLING TYPE: \_\_\_\_\_ SFR = Single Family Residence, DUP = Duplex, TRI = Triplex, MUB = Multi-Unit Building (4 or More Units)  
CON = Condominium

9. TOTAL NUMBER OF UNITS: \_\_\_\_\_

10. RENT ADJUSTMENT FEE: \$68.00 X NUMBER OF UNITS ON LINE 9 10. \$ \_\_\_\_\_

11. INDICATE NUMBER OF EXEMPT UNITS CLAIMED NEXT TO THE CORRECT EXEMPTION  
(\*\*See Reverse Side for Exemptions\*\*):  
A. \_\_\_ B. \_\_\_ C. \_\_\_ D. \_\_\_ E. \_\_\_ F. \_\_\_ (Put total of exempt units on line 11) 11. \_\_\_\_\_

12. MULTIPLY THE NUMBER OF EXEMPT UNITS ON LINE 11 BY \$68.00 12. \$ \_\_\_\_\_

13. ENTER TOTAL AMOUNT DUE  
(Subtract Total on Line 12 from Total on Line 10) 13. \$ \_\_\_\_\_

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Payment Type:

Date:

Initials:

I declare under penalty of perjury that to the best of my knowledge, all information contained on this application is true and complete:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING NEW RENT PROGRAM SERVICE FEE APPLICATION:**

**Please complete a separate form for each property you are registering.**

1. Enter the Name(s) of the Property Owner(s) according to the Alameda County Tax Records.
2. Enter Rental Property Address as it appears on the Alameda County Tax Records.
3. City and State is preprinted. Enter appropriate zip code.
4. Enter rental start date.
5. Enter contact and cell phone numbers.
6. Enter mailing name (if different from owner(s) name).
7. Enter your current mailing address.
8. Enter one of the four dwelling types, which describes the number of units on the rental property.
- 9-10. Enter the total number of units according to the Alameda County Tax Records on Line 9, then multiply the unit(s) count by \$68.00 and enter dollar amount on Line 10.
11. If you qualify for any exemption(s) below, indicate the number of unit(s) that are exempt on **Lines A, B, C, D, E and F:** (*Put total of exempt units on line 11*)

### **\*\*EXEMPTIONS\*\***

#### **YOU MAY BE REQUIRED TO SUBMIT PROOF OF YOUR EXEMPTION**

##### **[Oakland Municipal Code Section 8.22.030A]:**

- A. Owner Occupied unit.
- B. A dwelling unit that is off the rental housing market for the entire fiscal year.  
(**attach explanation of reason for unit off the rental market**).
- C. An accommodation in a motel, hotel, inn, tourist house, rooming house, or boarding house, not occupied by the same tenant for thirty (30) or more continuous days.
- D. Most healthcare facilities.
- E. A unit which is newly constructed and received a Certificate of Occupancy on or after January 1, 1983. To qualify as a newly constructed dwelling unit, the dwelling unit must be entirely newly constructed or created from space that was formerly entirely non-residential.  
(**attach a copy of the Certificate of Occupancy or other proof to substantiate claim of Newly Constructed status**).
- F. All units that are divided into three or fewer units are exempt if the owner of record occupies one of the units continuously as his or her principal residence for at least one year.

12. Multiply the number of exempt units on Line 11 by \$68.00.
13. Enter Total Amount Due (*subtract total on Line 12 from total on Line 10*).

**Be sure to sign and date this form. Remit your payment along with your New Rental Application to:**

**CITY OF OAKLAND, RENT PROGRAM  
250 FRANK H. OGAWA PLAZA, SUITE 1320  
OAKLAND, CA. 94612**

**TELEPHONE: (510) 238-3704**

**FAX: (510) 238-7128**

**Hours of Operation:** Monday: 8:00 a.m. – 4:00 p.m.  
Tuesday: 8:00 a.m. – 4:00 p.m.  
**Wednesday: 9:30a.m. – 4:00p.m.**  
Thursday: 8:00a.m. – 4:00 p.m.  
Friday: 8:00a.m. – 4:00p.m.