



Covered Rental Unit – Declaration of Exemption or Error

Complete this form only if your unit is not a Covered Rental Unit, or if the City has made an error calculating your rental fee (e.g., included an incorrect number of covered rental units). Please select the appropriate reason(s) from the options below (describe the issue if it is not listed). Send the completed form with required supporting documentation to the Rent Review Office. **If the supporting documentation is not provided, the account will not be adjusted.** The Rent Review Office will review your response and re-issue a new bill, as appropriate. You will have 30 days to pay the updated fee.

I declare that my rental properly located at _____ not a Covered Rental Unit and/or that there was an error in calculating my rental fee based on the following reasons:

| | |
|--------------------------|--|
| <input type="checkbox"/> | The unit is an accommodation in a hospital, extended care facility, convalescent home, non-profit home for the aged, or dormitory owned and operated by either an educational institution or a private organization which offers spaces in rooms for rent in conjunction with the providing of services such as meals, cleaning services, and social programs. <i>(Attach supporting documentation)</i> |
| <input type="checkbox"/> | The unit is an accommodation in motels, hotels, inns, tourist houses, rooming houses, and boarding houses and is not occupied by the same Tenant for thirty (30) or more continuous days. <i>(Attach supporting documentation)</i> |
| <input type="checkbox"/> | The unit is in a nonprofit cooperative that is owned, occupied, and controlled by a majority of the residents. <i>(Attach proof of nonprofit and cooperative status)</i> |
| <input type="checkbox"/> | The unit is a rental whose rents are controlled, regulated, or subsidized by any governmental unit, agency, or authority other than the City of Hayward RRSO. The landlord still owes a fee, but at the Rental Unit rate <i>(Attach copy of written agreement with governmental agency)</i> . Total number of units on property: _____ Number of units under other government agency: _____ List all units under other government agency (e.g., Apt 1): _____ |
| <input type="checkbox"/> | The unit is a lawful Accessory Dwelling Unit (ADU) where the primary residence is occupied by the Property owner. <i>(Attach two forms of proof of owner occupancy – e.g., utility bill dated on or after July 1, 2024, cable bill, driver's license, car registration, etc. AND a copy of the final permit for the ADU from City of Hayward)</i> |
| <input type="checkbox"/> | The unit is located in a structure for which a certificate of occupancy was first issued after July 1, 1979. <i>(Attach documentation such as copy of certificate of occupancy)</i> |
| <input type="checkbox"/> | The unit is a single-unit property with no other units, including ADUs, on the property, which is exempt under the Costa-Hawkins Rental Housing Act (California Civil Code §1954.52). The landlord still owes a fee, but at the Rental Unit rate. <i>(Attach supporting documentation)</i> |
| <input type="checkbox"/> | The property is an owner-occupied single-unit property. <i>(Attach two forms of proof of owner occupancy – e.g., utility bill dated on or after July 1, 2024, cable bill, driver's license, car registration, etc.)</i> |
| <input type="checkbox"/> | The property has been vacant since July 1, 2024, and I do not intend to rent it <i>(Attach documentation of vacancy, e.g., utility bill dated on or after July 1, 2024)</i> . |
| <input type="checkbox"/> | The unit was sold prior to July 1, 2024 <i>(Attach documentation demonstrating sale before July 1, 2024)</i> . If the property was sold after July 1, 2024, you still owe this fee. If documentation is not provided, the City's records will not be updated until next year, and the owner listed on this invoice will be held responsible for paying the fee. |
| <input type="checkbox"/> | Other. Please include a brief description of the error and attach any supporting documentation: _____ _____ _____ |

I affirm under penalty of perjury pursuant to the laws of the State of California that the information I have provided here is true and correct to the best of my knowledge.

Owner/Agent Name: _____

Signature: _____

Date: _____

Phone: (_____) _____ - _____

Email: _____