



ANNUAL REQUEST FOR FEE EXEMPTION

Rent Stabilization Program • 2024–2025

If you are the owner of a building in San José with three or more units, your property is subject to the City's Apartment Rent Ordinance (ARO) and/or the Tenant Protection Ordinance (TPO). Buildings with units subject to the ARO or TPO are required to pay an annual fee. If an apartment unit is rented with a government-funded rent subsidy (i.e. Section 8, Housing Choice voucher, etc.), the apartment is not exempt from the annual rental fees. However, a project-based government-subsidized or owned building is eligible for exemption. Additionally, owner occupied, hotel/motel, guesthouse (rented less than 30 days), housing owned and operated by an educational institution, convents and monasteries, or housing accommodations that are medical and care facilities (as defined in the Unruh Act, as may be amended) may be exempt.

If you believe your unit(s)/building(s) qualifies for an exemption, please fill out this form and submit the original **with required supporting documents** to the City of San José Rent Stabilization Program, 200 E. Santa Clara Street, 12th Floor, San José, CA 95113-1905. Keep a copy for your records. ***If you own more than one property, please submit one exemption form per property.***

The exemption form must be received by 5pm, November 29, 2024

OWNER CONTACT INFORMATION

Name of Owner	
Owner Mailing Address	
City, State, Zip Code	
Daytime Phone #	
Email Address	

PROPERTY INFORMATION (ONE PROPERTY PER EXEMPTION FORM)

Property Address			
Building Completion Date			
Multiple Housing Permit Number (RSN)		APN	
Total # of Units		# of Units Exempt	

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

Signature _____

Date _____

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Unit Exemption(s) (check all that apply and attach a copy of the required documentation):

- **Owner occupied:** # of units: _____ Please provide at least 3 documents, each document must be one from three of the four following categories (in bold):
 - **Utilities** - 12 consecutive months from 3 of the 5 following types of utilities: telephone, cable, gas, electric, water
 - **Banking/Financial** (Choose one of the following)
 - Bank statement
 - Income tax return
 - **Property or Moving** (Choose one of the following)
 - Car and home insurance policies
 - Post Office change of address order
 - **Government Issued** (Choose one of the following)
 - State ID/ Passport
 - Car Registration
 - Property Tax Bill
 - Voter Registration
- **Used as a hotel or permitted guest house:** # of units: _____ (Choose one of the following):
 - Copy of the Business Tax Certificate.
 - Payment of Transient Occupancy Tax
- **Affordable Project-based or owned/operated by a governmental agency:** # of units: _____
 - Documents designating Affordable and proof of ownership or operation.
 - Copy of most current rent roll
- **Housing accommodations in any hospital, convent, monastery, extended care facility, emergency residential shelter, residential care facility, residential service facility, nonprofit home for Senior Citizens (as defined in the Unruh Act, as may be amended):** # of units: _____
 - Copy of Permit
 - Copy of License
 - Copy of Ownership
- **Fraternity house, sorority house, or in dormitories owned and operated by an institution of higher education, a high school, or an elementary school:** # of units: _____
 - Copy of Permit
 - Copy of License
 - Copy of Ownership