



RRSO Invoice No.: \_\_\_\_\_

RRIP Invoice No.: \_\_\_\_\_

Property Address: \_\_\_\_\_

**DECLARATION OF EXEMPTION OR ERROR**

Complete this Declaration of Exemption or Error only if you qualify for one of the following reasons. Failure to complete this Declaration or provide supporting documentation will render this section incomplete/invalid.

- I seek an **exemption** from the annual Rental Housing Program Fees (Fill out Section I).
- I seek a **reclassification** for my rental unit (e.g., Covered Rental Unit → Rental Unit) (Fill out Section II).

**SECTION I. EXEMPTION**

- This property is an owner-occupied unit since July 1, 2025 (*Attach proof of owner occupancy — e.g., utility, cable, or credit card bill dated on or after July 1, 2025, driver's license*)
- This property has been vacant since July 1, 2025 (*Attach proof of vacancy — e.g., utility*)
- This unit was sold prior to July 1, 2025 (*Attach documentation demonstrating sale*)
- Other (*Attach supporting documentation*):

**SECTION II. UNIT RECLASSIFICATION (RRSO Administration Fee only)**

- The unit is subsidized or regulated by another government agency (e.g., Section 8) (*Attach copy of written agreement*); I owe the Rental Unit rate.  
No. of Units on Property: \_\_\_\_\_ No. of units under other agency: \_\_\_\_\_  
List **all** units under other government agency (e.g., Apt 1): \_\_\_\_\_
- The unit(s) is no longer subsidized or regulated by another government agency (e.g., Section 8); I owe the Covered Rental Unit rate.  
No. of Units on Property: \_\_\_\_\_ No. of units no longer under other agency: \_\_\_\_\_  
List **all** units no longer under other government agency (e.g., Apt 1): \_\_\_\_\_
- The unit is a lawful ADU where the primary residence is occupied by the Property owner. (*Attach proof of owner occupancy — e.g., utility, cable, or credit card bill dated on or after July 1, 2025, driver's license, car registration*)
- Other (*Attach 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: \_\_\_\_\_