



Planning and Community Development Department

809 Center Street ~ Room 107 ~ Santa Cruz, CA 95060

831.420.5140 ~ rental@cityofsantacruz.com ~ www.cityofsantacruz.com/rentalinspections

Residential Rental Inspection Program Exemption Form

Property Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Owner ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Home  Cell  Work

Property Information

Property Address: \_\_\_\_\_ City: Santa Cruz State: CA Zip: \_\_\_\_\_

Please fill out section A, B, C or D and sign completed section and bottom

**\*A.** If you own this property, reside in the property full-time and the property is not a rental

I, \_\_\_\_\_ (owner name), hereby certify and declare under penalty of perjury I am the owner and reside in the above property in the City of Santa Cruz or in a unit on the property: \_\_\_\_\_ (unit/number/letter).

As verification, I have attached documentation listing me as the property owner and the property address as my residence. Acceptable documentation is a copy of one of the following: tax return with W-2, bank statement, vehicle registration, DMV driver's license, voter registration, employment records, Santa Cruz Municipal Utility bill or property tax homeowner's exemption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**B.** If the property has been sold or title has been otherwise transferred

I, \_\_\_\_\_ (owner name), hereby certify and declare under penalty of perjury I am not the owner of the above property in the City of Santa Cruz as of: \_\_\_\_\_ (date of sale or transfer).

As verification I am not the owner of the property, I have included proof of sale or title transfer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*C.** If the property is inspected by another governmental authority for housing quality standards

I, \_\_\_\_\_ (owner name), hereby certify and declare under penalty of perjury the above property or following unit(s) \_\_\_\_\_ is inspected by \_\_\_\_\_ (agency name).

As verification, I have attached the contract with proof of recent inspection by the governmental agency inspecting my property/unit(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*D.** If your property is exempt by one of the reasons listed below with verification

I, \_\_\_\_\_ (owner name), hereby declare and certify the above property or following unit(s) \_\_\_\_\_ is exempted from the Residential Inspection Program because: (check applicable)

<input type="checkbox"/> Legal accessory dwelling unit	<input type="checkbox"/> Multiple dwelling rental units newly constructed w/in the last 5 years
<input type="checkbox"/> Hotel, motel or vacation rental subject to Transit Occupancy Tax ordinance	<input type="checkbox"/> Second home – not rented
	<input type="checkbox"/> Mobile home park

As verification, I have attached the required documentation relating to the exemption I am claiming. If second home, include a letter stating the property is not rented & include a copy of a utility bill with the service address as the property address & the owners name clearly visible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*I agree to register the property/unit per the City of Santa Cruz Residential Rental Inspection Ordinance if I rent the property/unit that I have declared exempt in section A, C or D.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit with proper documentation to the Residential Rental Inspection Program. Thank you!