Planning and Community Development Department
809 Center Street Room 107, Santa Cruz, CA 95060
831.420.5140 phone 831.420.5101 fax

Residential Rental Inspection Program
Rental Property Exemption
www.cityofsantacruz.com/rentalinspections

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: _____

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: _____

*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: _____

*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)

- ☐ Legal accessory dwelling unit
- ☐ Hotel, motel or vacation rental subject to Transit Occupancy Tax ordinance
- ☐ Multiple dwelling rental units newly constructed w/in the last 5 years
- ☐ Second home – not rented
- ☐ Mobile home park

As verification, I have attached the documentation relating to the exemption I am claiming. Note: 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!