



# Landlord Property Registration

On June 29, 2020 the Rental Housing Committee adopted mandatory annual registration for CSFRA and MHRSO covered units. Landlords or property managers may use this form or register online at [mvrent.mountainview.gov](http://mvrent.mountainview.gov) to submit their required annual property registration. Landlords are required to update their registration within 30 days in case of a new tenancy, termination of a tenancy, or a change in ownership or management contact information.

Please submit this form to [MVRent@mountainview.gov](mailto:MVRent@mountainview.gov) or mail to:

Rent Stabilization Division  
 298 Escuela Ave  
 Mountain View, CA 94040

## Owner Information

First Name:	Last Name:			
Address:				
<small>(Street Number and Name)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>	<small>(Unit Number)</small>
Mailing Address: <input type="checkbox"/> Same as Home Address				
Mailing Address:				
<small>(Street Number and Name)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>	<small>(Unit Number)</small>
Phone:		Email:		
Preferred Method of Contact: <input type="checkbox"/> Owner Mailing Address <input type="checkbox"/> Owner Email				

## Manager Information Same as Owner

First Name:	Last Name:			
Mailing Address:				
<small>(Street Number and Name)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip Code)</small>	<small>(Unit Number)</small>
Phone:		Email:		
Property Management Company:		Preferred Method of Contact: <input type="checkbox"/> Manager Mailing Address <input type="checkbox"/> Manager Email		

## Other

First Name:	Last Name:		
Phone:		Email:	
Relationship:			

**Property Information**

Site Address:

(Street Number and Name)

(City)

(State)

(Zip Code)

(Unit Number)

Assessor's Parcel Number (APN):

Owner Type:

Individual

Trust

LLC

Corporation or Partnership

Name(s)/Trustee/CEO/ Managing Partner

Date of Initial Occupancy:

Before February 1, 1995

After February 1, 1995

Date of Most Recent Property Title Change:

Month/Day/Year

Year Purchased or Transferred:

Month/Day/Year

**Unit Information**

Select Occupant:

Owner

Manager

Vacant

Tenant

Unit Number:

Move in Date:

Number of Bedrooms:

Studio

1 Bedroom

2 Bedroom

3+ Bedroom

Number of Bathrooms:

1

1.5

2

2.5

3+

Current Monthly Rent:

\$

Last Monthly Rent Increase Amount:

\$

Date of Last Rent Increase (If applicable):

Month/Day/Year

Last Monthly Rent Increase Percent (If applicable):

%

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Month/Day/Year

Last Monthly Rent Increase Percent (If applicable):

%

**Signature**

**Declaration:** I (we) declare under penalty of perjury under the laws of the State of California that the contents of the foregoing application and all attachments and accompanying documents are true, correct, and complete.

Signature:

Date:

Month/Day/Year

Print Name:

## SUPPLEMENTAL WORKSHEET

<b>Unit Information</b>				
Select Occupant: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Vacant <input type="checkbox"/> Tenant				
Unit Number:		Move in Date:		
Number of Bedrooms: <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3+ Bedroom				
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Date of Last Rent Increase (If applicable):    _____ <span style="font-size: small; text-align: center;">Month/Day/Year</span>		Last Monthly Rent Increase Percent (If applicable):                      %		
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