



City of San Pablo
Landlord Registration Application

8839 N Cedar Ave #212, Fresno, California 93720

CITY of SAN PABLO
City of New Directions

PH (510) 588-1330 • FAX (909) 348-0465
Apply Online Today At: <https://sanpablo.hdlgov.com>

PLEASE TYPE OR PRINT WITH PEN

Landlord Name _____	Is this person the primary contact? _____
Rental Address _____	Property APN: _____
City, State & Zipcode _____	Year Built: _____
Mailing Address _____	No. of Rental Units at this Property: _____
Unit number _____	Phone No. _____
City, State & Zipcode _____	Alt. No. _____
Email Address _____	
Type of Property: <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home	
<input type="checkbox"/> Other _____	

OWNERSHIP - List all owners full name and contact information

1st Owner Name _____	Title _____	Ownership percentage _____	_____
Home Address _____		Phone No _____	_____
Email Address _____		Is this person the primary contact? _____	_____
2nd Owner Name _____	Title _____	Ownership percentage _____	_____
Home Address _____		Phone No. _____	_____
Email Address _____		Is this person the primary contact? _____	_____

EMERGENCY NAME CONTACT FOR RENTAL PROPERTY: _____	EMERGENCY CONTACT PHONE: _____
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AUTHORIZED AGENT INFORMATION (IF APPLICABLE) - PERSON AUTHORIZED TO SIGN RENT CONTROL DOCUMENTS ON YOUR BEHALF

Name _____	Is this person the primary contact: _____
Address _____	Email Address _____
	Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury under the laws of the State of California that I am a landlord as defined in CC Ord. 2019-11 Sec. 3(I). I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct to the best of my knowledge. I hereby authorize and appoint the agent listed above to execute, under penalty of perjury, the City of San Pablo rent registry and other registration related documents for this property. I agree to be bound by each document filed by this person to the same extent as if I had completed the document and executed it under penalty of perjury myself.

SIGN HERE

➔ _____
Signature of Landlord

Title _____ Date _____

*Thank you for doing business
in the City of San Pablo*

Rental Registration Fees

EXCLUSION: Complete if you are claiming an exclusion from the rental registration requirement.

I declare that the units listed on this form are excluded from the Residential Rental Registration requirement.
Reason: _____

After receipt of the completed form, the Rent Registration Certificate for each unit will be emailed to the primary contact listed above.

RETURN APPLICATION & UNIT INFORMATION WORKSHEET
BY MAIL TO:
City of San Pablo - Landlord Registration
8839 N. Cedar Ave #212
Fresno, CA 93720

OR
SCAN & RETURN APPLICATION & UNIT INFORMATION WORKSHEET
BY EMAIL TO: SanPabloRentReg@hdlgov.com



City of San Pablo

Landlord Registration Unit Information Worksheet

CITY OF SAN PABLO

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Instructions: List all rental units including vacant units "Rental Unit" means any building, house, or other structure, including any portion thereof, used as a dwelling or place of residence by a Tenant. Rental Units include all or any portion of a single-family residence, multi-family residence, duplex, triplex, condominium, apartment building, or accessory dwelling unit. (Ref municipal code: 9.60.020E)

Address:		Unit #
# of Bedrooms:	# of Bathrooms:	
Year Built:	Tenancy Lease Start Date:	
Current Monthly Rent:	Current Lease End Date or Month to Month:	
Is the unit occupied by a Section 8 Program participant?		
Is the unit encumbered by an income and affordable unit restriction?		

Address:		Unit #
# of Bedrooms:	# of Bathrooms:	
Year Built:	Tenancy Lease Start Date:	
Current Monthly Rent:	Current Lease End Date or Month to Month:	
Is the unit occupied by a Section 8 Program participant?		
Is the unit encumbered by an income and affordable unit restriction?		

Address:		Unit #
# of Bedrooms:	# of Bathrooms:	
Year Built:	Tenancy Lease Start Date:	
Current Monthly Rent:	Current Lease End Date or Month to Month:	
Is the unit occupied by a Section 8 Program participant?		
Is the unit encumbered by an income and affordable unit restriction?		

Address:		Unit #
# of Bedrooms:	# of Bathrooms:	
Year Built:	Tenancy Lease Start Date:	
Current Monthly Rent:	Current Lease End Date or Month to Month:	
Is the unit occupied by a Section 8 Program participant?		
Is the unit encumbered by an income and affordable unit restriction?		

Address:		Unit #
# of Bedrooms:	# of Bathrooms:	
Year Built:	Tenancy Lease Start Date:	
Current Monthly Rent:	Current Lease End Date or Month to Month:	
Is the unit occupied by a Section 8 Program participant?		
Is the unit encumbered by an income and affordable unit restriction?		