

# RENTAL RIGHTS AND REFERRALS PROGRAM

## REQUEST FOR FEE EXEMPTION (APARTMENT)

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone#: \_\_\_\_\_

.....

I request exemption from the following fiscal year Rental Dispute Fee for:

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

Permit Number: \_\_\_\_\_

Unit Number(s) for Exemption: \_\_\_\_\_

Total Number of Units: \_\_\_\_\_

\_\_\_\_\_ The property owner occupies one of the units. *(Attach proof of use as your residence).*

\_\_\_\_\_ The rental unit is used for transient accommodations (for periods of less than 30 days) in a hotel or guest house. *(Attach proof of building type and transient use).*

\_\_\_\_\_ The rental unit is owned or operated by a governmental agency. *(Attach proof of ownership or operation).*

\_\_\_\_\_ The rent is subsidized by a governmental agency. *(Identify the government agency and attach a copy of the type of subsidy).*

\_\_\_\_\_ The property is a hospital, convent, monastery, extended-care facility, emergency residential shelter, residential care facility, residential service facility, asylum, nonprofit home for the aged, fraternity house, sorority house, or is a dormitory owned and operated by an institution of higher education, a high school, or an elementary school. *(Attach proof of type of use).*

I declare under penalty of perjury that the foregoing statements are true.

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

*Building Relationships in Rental Communities*