



Declaration of AB 1482 Exemption

Please complete this form entirely. Attach this form to every rent increase requested. Failure to provide verification of the exemption will result in denial of the exemption. This form will **NOT** be applied retroactively to rent changes that have already been processed.

Tenant's Information:

Tenant's Code (t-code) _____

Tenant's Name _____

Property Address: _____

City: _____ State: _____

Zip Code: _____

Landlord Information:

Vendor Code (v-code): _____

Landlord Name: _____

Phone Number: _____

Property Management Company (if applicable): _____

Exemption Claimed:

Please check all applicable exemption categories and provide the required documentation. The exemption will not be applied if the supporting documents are missing.

1. Unit is separately alienable. Unit is a:

- ☐ condominium or other unit that can be sold separately from any other unit, or
- ☐ single family home that is the only unit on the parcel

AND

- ☐ is NOT owned by a corporation, real estate investment trust (as defined in Section 856 of the Internal Revenue Code), or a limited liability company in which at least one member is a corporation.

AND

- ☐ Landlord has provided Tenant with the required notice of AB 1482 exemption pursuant to Civil Code section 1947.12(d)(5)(B).

Ownership must be verified. Please attach proof of ownership (e.g., property deed).



2. Newly constructed units:

☐ Property constructed within the last 15 years. *Please attach a copy of the certificate of occupancy or equivalent documentation.*

3. Dormitory:

☐ Educational institution providing housing. *Please attach proof of association with the institution.*

4. Owner-occupied duplexes:

☐ Owner occupies one of the units as their principal place of residence at the beginning of the tenancy and continues to live in the unit.

AND

☐ Neither unit is an accessory dwelling unit or junior accessory dwelling unit.

Please attach proof of owner's residency (e.g., utility bill, lease agreement).

5. Deed Restricted affordable housing units:

☐ Unit is part of an affordable housing program that is restricted by deed, regulatory restriction contained in an agreement with a government agency, or other recorded document as affordable housing for persons and families of very low, low, or moderate income, as defined in Section 50093 of the Health and Safety Code. *Please attach documentation of deed restrictions.*

6. Subsidized affordable housing (*does not include units occupied by HCV tenant*):

☐ Unit is subject to an agreement that provides housing subsidies for affordable housing for persons and families of very low, low, or moderate income, as defined in Section 50093 of the Health and Safety Code or comparable federal statutes. *Please attach documentation of agreement.*

7. Government or non-profit managed properties:

☐ Property managed by a government agency or non-profit organization. *Please attach proof of management.*

Certification:

I, the undersigned, hereby certify under penalty of perjury that the information provided in this form and all attached documentation is true and correct.

Landlord/Authorized Representative Name: _____

Signature: _____

Date: _____

Please submit this form by attaching it to your rent change on the landlord portal <https://portal.shra.org/landlord2>, or via mail or drop box at 630 I St, Sacramento, CA 95814, or by FAX to (916) 449-1285

