



CHANGE OF OWNERSHIP REGISTRATION FORM

Office use only. MPP#: _____

Property Address _____ **# of Units** _____
Complete a separate form for each property.

Who holds title?

All owners must be listed. Attach an additional sheet to list more owners.

Owner 1 _____ **Ownership %** _____

Address _____
Principal Business Address or Residence (PO Box or Mgmt. Co. Not Acceptable)

City _____ **State** _____ **ZIP** _____ **Tel. #** _____

▶ If Owner 1 is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing partner, CEO or responsible party below.

Name _____ **Title** _____

Owner 2 _____ **Ownership %** _____

Address _____
Principal Business Address or Residence (PO Box or Mgmt. Co. Not Acceptable)

City _____ **State** _____ **ZIP** _____ **Tel. #** _____

▶ If Owner 2 is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing partner, CEO or responsible party below.

Name _____ **Title** _____

Owner 3 _____ **Ownership %** _____

Address _____
Principal Business Address or Residence (PO Box or Mgmt. Co. Not Acceptable)

City _____ **State** _____ **ZIP** _____ **Tel. #** _____

▶ If Owner 3 is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing partner, CEO or responsible party below.

Name _____ **Title** _____

Owner 4 _____ **Ownership %** _____

Address _____
Principal Business Address or Residence (PO Box or Mgmt. Co. Not Acceptable)

City _____ **State** _____ **ZIP** _____ **Tel. #** _____

▶ If Owner 4 is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing partner, CEO or responsible party below.

Name _____ **Title** _____

TURN TO SIDE 2



<p>When was the change in ownership?</p>	<p>Purchase Date _____</p> <p>Date of Most Recent Title Change _____</p> <p>Former Owner _____</p>
<p>Where would you like us to send all Rent Control mail and bills? <i>Check only one.</i></p>	<p><input type="checkbox"/> Owner 1 <input type="checkbox"/> Owner 2 <input type="checkbox"/> Owner 3 <input type="checkbox"/> Owner 4</p> <p><input type="checkbox"/> Authorized Agent</p> <p><input type="checkbox"/> Manager/Other: Name _____</p> <p style="padding-left: 150px;">Address _____</p> <p style="padding-left: 150px;">City _____ State ____ ZIP _____</p>
<p>Who do you authorize to sign Rent Control documents for you? <i>If any</i></p>	<p>The undersigned hereby authorize(s) and appoint(s) the agent listed here to execute, under penalty of perjury, the Santa Monica Rent Control Board registration form and other registration related documents for this property. I/We agree to be bound by each document filed by this person to the same extent as if I/we had completed the document and executed it under penalty of perjury myself/ourselves.</p> <p>Agent Name _____ <i>Person and/or Management Company</i></p> <p>Address _____</p> <p>City _____ State ____ ZIP _____ Tel. # _____</p>
<p>Signature(s) <i>At least one original signature is required. Faxes and photocopies are not acceptable.</i></p>	<p>I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Owner 1 _____ <i>Print Name</i></p> <p>Signature _____ Date _____</p> <hr/> <p>Owner 2 _____ <i>Print Name</i></p> <p>Signature _____ Date _____</p> <hr/> <p>Owner 3 _____ <i>Print Name</i></p> <p>Signature _____ Date _____</p> <hr/> <p>Owner 4 _____ <i>Print Name</i></p> <p>Signature _____ Date _____</p>