



CITY OF SAN LEANDRO
COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING DIVISION

835 E. 14th St. San Leandro, CA 94577
Phone: (510) 577-6005

Mobilehome Space Rent Stabilization
Annual Registration Form
(only submit one form per park)

Mobilehome Park Information

Park name: _____
Address of Park: _____
Manager name: _____ Manager phone: _____
Manager address: _____
Manager email: _____

Ownership Information – Complete information for each owner (person or entity)

Owner name: _____ Ownership interest: _____
Owner address: _____
Owner phone: _____ Owner email: _____

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Owner address: _____
Owner phone: _____ Owner email: _____

Attach additional sheets if necessary

Please provide the name and address to which all required notices and correspondence may be sent. **Please check how you would prefer to get mail:** **Email** **USPS mail**

Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

Summary of Mobilehome Park Units (numbers should align with Rent Schedule):

Total number of spaces in park: _____
Number of spaces with RVs not residing in the park longer than 9 months: _____
Number of spaces with long-term leases (12 months or more): _____
Number of spaces with Special Circumstances Households: _____



Rent Schedule Form - Please affirm the following:

Attached (Voluntary)

Emailed (Required; Send to: msargent@sanleandro.org

Certification of Registration Statement

I declare to the best of my knowledge and belief, the information herein is true, correct and complete.

Signed by an owner or owner designated agent noted on the prior page

By: _____

Date: _____

Print Name Here: _____

Title: _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)