



**RESIDENTIAL RENTAL REGISTRATION FORM**  
 MANDATORY PER ORDINANCE NO. 2663  
 REGISTRATION YEAR: 2023-2024

Mail Form to:  
 CDD – Housing Division  
 65 W. Alisal St., Salinas, CA 93901  
**OR** Email to:  
 RentalRegistration@ci.salinas.ca.us

**PART 1 – CONTACT INFORMATION**

**Provide the property owner’s contact information. If the property owner has a Residential Rental Business License, they should provide the business name (if applicable), and business license number.**

| PROPERTY OWNER INFORMATION    |        |             |                                  |      |
|-------------------------------|--------|-------------|----------------------------------|------|
| LAST NAME*                    |        | FIRST NAME* |                                  | M.I. |
| BUSINESS NAME (IF APPLICABLE) |        |             | BUSINESS LICENSE (IF APPLICABLE) |      |
| ADDRESS*                      |        | EMAIL*      |                                  |      |
| CITY*                         | STATE* | ZIP CODE*   | PHONE*                           |      |

**Property Manager section to be completed if the property is managed by someone other than the property owner.**

| PROPERTY MANAGER (IF APPLICABLE) |       |             |           |      |
|----------------------------------|-------|-------------|-----------|------|
| LAST NAME*                       |       | FIRST NAME* |           | M.I. |
| MANAGEMENT COMPANY (IF ANY)      |       | EMAIL*      | PHONE*    |      |
| ADDRESS*                         | CITY* | STATE*      | ZIP CODE* |      |

**PART 2 – LIST OF RENTAL PROPERTIES & COST CALCULATION**

**List all Rental Properties - Use a Separate Line for Each Assessor’s Parcel Number (APN).**

*APN can be found on the property’s tax bill.*

**Note:** If registering more that 6 APNs per owner, please register online or call 831-758-7334

| Registration Fee Table 2023 |      |      |      |       |       |       |       |
|-----------------------------|------|------|------|-------|-------|-------|-------|
| # of units on a Parcel      | 1    | 2-4  | 5-9  | 10-24 | 25-49 | 50-99 | 100+  |
| <b>Registration Fee</b>     | \$20 | \$35 | \$60 | \$75  | \$120 | \$225 | \$350 |

|             | APN          | ADDRESS                            | # OF UNITS ON APN | REGISTRATION FEE<br>(See Registration Fee Table) |
|-------------|--------------|------------------------------------|-------------------|--|
| <i>E.g.</i> | 123456789123 | 65 W Alisal St., Salinas, CA 93901 | 2                 | \$35   |
| 0           |              |                                    |                   | \$   |
| 1           |              |                                    |                   | \$   |
| 2           |              |                                    |                   | \$   |
| 3           |              |                                    |                   | \$   |
| 4           |              |                                    |                   | \$   |
| 5           |              |                                    |                   | \$   |
| 6           |              |                                    |                   | \$   |

You can enclose a check or pay in person at **65 W Alisal St., Salinas, CA 93901. Do NOT mail cash**

**TOTAL PAYMENT**

Owner’s Signature or Authorized Person

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**RESIDENTIAL RENTAL REGISTRATION FORM**

MANDATORY PER ORDINANCE NO. 2663

REGISTRATION YEAR: 2023-2024

| <b>OPTIONAL INFORMATION</b>   |   |  |  |  |   |
|---|---|--|--|--|---|
| Provided the information in this section is voluntary   |   |  |  |  |   |
| <b>Units utilizing rent subsidy</b><br><i>E.g. Section 8</i><br><br>Yes            No<br><br># of Units | <b>Are any utilities included with rent?</b><br><br>Yes                                  No<br><br>If yes, which utilities?<br>Gas    Sewer    Water                  Garbage    Electricity    Other |  |  |  | <b>Occupancy Status</b><br><br># of vacant units<br><br># of units occupied |

| <b>REQUIRED INFORMATION</b>  |                                    |                               |                  |                   |  |
|--|------------------------------------|-------------------------------|------------------|-------------------|--|
| Completing the information in this section is mandatory per Ordinance No. 2663 |                                    |                               |                  |                   |  |
| Unit<br>1  | Address<br><i>E.g. 65 W Alisal</i> | Unit Number<br><i>e.g. 8A</i> | # of<br>Bedrooms | # of<br>Bathrooms | <i>Square Footage</i><br><i>e.g. 1,130 sq. ft.</i> |
| Unit<br>2  | Address                            | Unit Number                   | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                                     |
| Unit<br>3  | Address                            | Unit Number                   | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                                     |
| Unit<br>4  | Address                            | Unit Number                   | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                                     |
| Unit<br>5  | Address                            | Unit Number                   | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                                     |
| Unit<br>6  | Address                            | Unit Number                   | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                                     |
| Unit<br>7  | Address                            | Unit Number                   | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                                     |
| Unit<br>8  | Address                            | Unit Number                   | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                                     |

**Questions? Email [RentalRegistration@ci.salinas.ca.us](mailto:RentalRegistration@ci.salinas.ca.us) or call 831-758-7334**



**RESIDENTIAL RENTAL REGISTRATION FORM**  
**MANDATORY PER ORDINANCE NO. 2663**  
 REGISTRATION YEAR: 2023-2024

| <b>REQUIRED INFORMATION</b>  |                                    |                        |                  |                   |                                      |
|--|------------------------------------|------------------------|------------------|-------------------|--------------------------------------|
| Completing the information in this section is mandatory per Ordinance No. 2663 |                                    |                        |                  |                   |                                      |
| Unit   | Address<br><i>E.g. 65 W Alisal</i> | Unit Number<br>e.g. 8A | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage<br>e.g. 1,130 sq. ft. |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |
| Unit   | Address                            | Unit Number            | # of<br>Bedrooms | # of<br>Bathrooms | Square Footage                       |

**Questions? Email [RentalRegistration@ci.salinas.ca.us](mailto:RentalRegistration@ci.salinas.ca.us) or call 831-758-7334**