



San Francisco Residential Rent Stabilization and Arbitration Board

Note: You must complete a separate form for each residential unit at the property. Reporting your unit(s) into the Housing Inventory does not automatically exempt them from the Rent Board fee.

Rent Board Date Stamp

HOUSING INVENTORY FORM – VACANT UNIT

Unit Address	1. Assessor's Parcel Number (APN): _____ 2. Street Address: _____ Unit: _____
Unit Information	3. # of Bedrooms: _____ 4. # of Bathrooms: _____ 5. Approx. Square footage (to the best of your knowledge): _____
Unit Vacancy and/or Occupancy Information	6. Date Current Vacancy Began _____ (if this date is more than 12 months ago, skip #7) 7. Dates of any other Occupancies or Vacancies in the past 12 months (attach additional pages if necessary): <input type="checkbox"/> Occupancy or <input type="checkbox"/> Vacancy <input type="checkbox"/> Occupancy or <input type="checkbox"/> Vacancy Start Date: _____ Start Date: _____ End Date: _____ End Date: _____
Contact Information	Business Contact For Owner (the person to be contacted regarding the unit) 8. Full Name: _____ <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Property Manager 9. Phone: _____ 10. Email: _____ 11. Mailing Address: _____ 12. Business Registration # for Unit (if any): _____

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. To the extent I was unable, despite the use of reasonable diligence, to ascertain the exact information to be reported, I have provided the most accurate approximation that I can based on information and belief where possible or, where such approximation is not feasible, I have stated that the information is unknown. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of (check one) Property Owner Owner's Agent Property Manager

Date