



**NOTICE REGARDING ADDITIONAL OCCUPANT**

This form may be used to notify a Housing Provider (and Landlord) of the Tenant Household's intent to house an additional occupant under CSFRA section 1705(a)(2). A copy of this notice must be submitted to the Rental Housing Committee within ten (10) days of delivery to the Housing Provider.

For more information contact the Mountain View Rental Housing Helpline at (650) 282-2514 or CSFRA@housing.org or www.mountainview.gov/rentstabilization.

**DATE of Notice:** \_\_\_\_\_

<b>HOUSING PROVIDER / LANDLORD</b>	<b>Name:</b> _____
	<b>Address:</b> _____ _____
	<b>Email:</b> _____

<b>Tenant Household</b>	<b>Name(s):</b> _____
	<b>Address:</b> _____ _____
	Mountain View, CA
	<b>Email:</b> _____
	Is there a Master Tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(If yes, complete information below. Provide address only if different from above.)
	<b>Name:</b> _____
	<b>Address:</b> _____ _____
	<b>Email:</b> _____

<b>New Additional Occupant</b>	<b>Name:</b> _____ (Full Legal Name)
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New occupants and Housing Providers have the legal right to know the total, lawful monthly rent for the unit. In addition to the information provided on the following page and upon request, a new occupant must disclose any payments to one or more roommates for their use and occupancy of the unit to the Housing Provider.

**[Complete applicable sections on Page 2.]**

## Notice Regarding Additional Occupant

(Check one)	<input type="checkbox"/> The additional occupant is an Eligible Family Member. <input type="checkbox"/> The additional occupant is replacing one or more departing tenants.
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**ELIGIBLE FAMILY MEMBER**  
 Complete this section *only* if the additional occupant qualifies as an eligible family member.

<b>Relationship to Tenant Household*</b>	<input type="checkbox"/> Spouse or Domestic Partner of tenant <input type="checkbox"/> Child of tenant and/or spouse or domestic partner of child <input type="checkbox"/> Parent of tenant and/or spouse or domestic partner of parent <input type="checkbox"/> Grandchild of tenant and/or spouse or domestic partner of grandchild <input type="checkbox"/> Grandparent of tenant and/or spouse or domestic partner of grandparent <input type="checkbox"/> Sibling of tenant and/or spouse or domestic partner of sibling
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\* Housing Provider/Landlord may request reasonable documentation verifying relationship

**REPLACEMENT ROOMMATE**  
 Complete this section *only* if the additional occupant is replacing one or more departing Tenants.

<p><b>Will the new occupant pay rent <u>directly to the Housing Provider</u>?</b></p>	<p><b><u>Check One:</u></b></p> <input type="checkbox"/> <b>Yes*</b> , the new roommate will pay \$ _____ directly to the Housing Provider identified on the first page of this notice. <input type="checkbox"/> <b>No.</b>
<p><b>Will the new occupant pay rent or any other compensation to <u>another occupant of the unit</u>?</b></p>	<p><b><u>Check all that apply:</u></b></p> <input type="checkbox"/> <b>Yes</b> , the new roommate will pay \$ _____ to the departing roommate for their (portion of) the security deposit held by the Housing Provider identified on the first page of this notice. <input type="checkbox"/> <b>Yes</b> , the new roommate will pay \$ _____ each month to one or more tenants in the Tenant Household. <input type="checkbox"/> <b>Yes</b> , the new roommate will pay \$ _____ To: _____ (Name of person who will be paid) How often: _____ (e.g. once, monthly, other description) For: _____ (Describe reason for payment) <input type="checkbox"/> <b>No.</b>

\* Housing Provider/landlord may require new roommates who will pay rent directly to the Housing Provider to complete an application and perform typical tenant screenings.