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CITY OF SANTA ANA

FINANCE & MANAGEMENT SERVICES AGENCY

20 Civic Center Plaza (M-15)
P.O. BOX 1964 • Santa Ana, California 92702

Subject: **Family Member Rental Exemption**

Dear Homeowner:

This is in response to your inquiry regarding the requirements for qualifying for a Family Member Rental Exemption. A homeowner *may* qualify for a fee-exempt business license if the property is occupied by an **immediate family member and only nominal rent, if any, is being received.**

Immediate family members are limited to the following:

Father	Son	Brother	Grandfather	Grandson
Mother	Daughter	Sister	Grandmother	Granddaughter

Also, to qualify for a fee-exempt business license, it must be determined that any rental income received is less than the "*cost of maintaining said premises.*" The cost of maintaining said premises include: mortgage costs, title and homeowner property insurance premiums, property taxes, homeowner association dues, costs for contractual obligations related to maintaining property ownership, and cost of utilities or property maintenance for which the homeowner is legally liable.

Calculate the total annual cost of maintaining said premise in the space provided on the enclosed application. If the annual rent received is *less than or equal to* the annual cost of maintaining said premises, the homeowner is eligible for a Family Member Rental Exemption license. To apply, please complete the accompanying fee-exempt business license application.

Along with the application, a photo-copy of the renting family member's current California Driver's License or California Identification Card and a photo-copy of a utility bill showing the renting family member as the responsible party for utility service are required.

All information and requested documentation furnished to the City of Santa Ana for purposes of applying for a Family Member Rental Exemption are deemed confidential documents and will be used solely for purpose of verifying eligibility.

Contact the Business Tax Office at (714) 647-5447, in regards to any questions concerning this letter.

City of Santa Ana
Business License Tax Office

CITY OF SANTA ANA
BUSINESS TAX SECTION

20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447



FAMILY MEMBER RENTAL EXEMPTION
(PLEASE TYPE OR PRINT CLEARLY, USING BLACK INK)

AFFIDAVIT – CONFIDENTIAL (NOTE: We are unable to process an incomplete application. Please complete this application and submit with copies of supporting documents.)

RENTAL PROPERTY/OCCUPANT INFORMATION – Enter Information of Qualifying Family Member

Date Property First Rented to Family Member ____ / ____ / ____ Today's Date ____ / ____ / ____

Rental Property Address _____

Family Member's Name (Occupant) _____

Relationship of Family Member (Father, Mother, Son, Daughter, etc.) _____

Family Member's Driver's License No. _____

OWNER INFORMATION

Property Owner's Name _____

Property Owner's Mailing Address (If Different) _____

City _____ State _____ Zip _____ E-mail _____

Business Telephone No. (____) _____ Emergency Telephone No. (____) _____

Social Security No. _____ Federal Tax I.D. # _____

To qualify for a fee-exempt business license, the rental income received must be less than the "cost of said premises" (actual cost of actual cost of maintaining the rental property) which includes the following:

Mortgage Costs (1st & 2nd Trust Deeds, or HELOC loans).....\$ _____

Title and Homeowner Property Insurance Premiums\$ _____

Property Taxes.....\$ _____

Homeowner or Condominium Association Costs.....\$ _____

Cost for Contractual Obligations Related to Maintaining Property Ownership\$ _____

Cost for Utilities and/or Property Maintenance\$ _____

Total Cost of Maintaining Rental Property.....\$ _____

Total Monthly Rental Income Received (1040 Schedule E).....\$ _____

I declare under penalty of perjury that this application (including accompanying documents) are, to the best of my knowledge, a true and correct statement of facts.

Signature _____ Title _____

Print Name _____ Date ____ / ____ / ____

Please remember to submit the supporting documents as requested in order to avoid delays.
If you pay by check and it is returned, you expressly authorize the electronic debit of our account for the check amount plus a processing fee and any applicable sales tax.

* OFFICIAL USE ONLY

BTN _____

NOTES: _____

Initial: _____