

OXNARD MOBILEHOME PARK RENT STABILIZATION ADMINISTRATIVE FEE

MONTHLY REPORT FOR MONTH _____ YEAR 20__

NAME OF MOBILE HOME PARK:		TELEPHONE:	
NAME OF PERSON PREPARING REPORT:		TITLE OF PREPARER:	

Remittance of Administrative Fees is due no later than the tenth (10th) of the month for rents due on the first of that month. [E.g. January admin fees are due to the City Treasurer by January 10th or are considered late.]

- A. Total Number of Spaces in the Mobile Home Park: _____
- B. Number of unit spaces exempted from the Oxnard Rent Stabilization Program due to existence of long-term lease, as of the first of the month, or exempted for another reason set forth in Ordinance No. 2475: _____
- C. Number of spaces that are not used for residential purposes: _____
- D. Number of Spaces Covered by Program (A-B): _____
- E. Amount Remitted for Administrative Fee: (C *\$2.34) _____

(NOTE: Effective July 1, 1995, the Oxnard City Council established an administrative fee which corresponds to \$2.34 per unit space per month, with one-half paid by the space resident. The park is responsible for remitting the entire amount of \$2.34 per unit space per month, and is authorized to collect \$1.17 per space per month from park residents.)

E. Space numbers and/or addresses of those unit spaces which were previously covered by the Rent Stabilization Program but which are for the first time this month exempt from the Program due to execution of a long-term lease or for other reason (specify effective date of lease, or reason and date of other status change):

F. Space numbers and/r addresses of those unit spaces which were previously exempt from the Program, but which are now covered by the Program due to the expiration of the long-term lease or other status change (specify date and change):

G. AFFIDAVIT: I certify that I am an authorized agent of the above-named mobile home park, and that the information contained herein is true and correct.

SIGNATURE: _____ DATE: _____

REMIT TO: Oxnard Housing Department, Mobile Home Rent Stabilization Program, 435 South "D" Street, Oxnard, CA 93030. PLEASE INCLUDE THIS FORM WITH REMITTANCE.