



CITY OF OCEANSIDE
 Finance Department – Revenue Division
 300 N. Coast Highway, Oceanside, CA 92054
 Phone: (760) 435-3878 • Fax: (760) 529-0042
 www.ci.oceanside.ca.us

OFFICE USE ONLY

ACCOUNT NUMBER

SHORT-TERM RENTAL AFFIDAVIT OF PRIMARY RESIDENCE OF TENANT

I/We, _____ declare under penalty of perjury in Oceanside, California on the ____ day of _____, 20__ that my/our tenant, _____, is the primary resident(s) of the short-term rental property located at:

_____, and that my/our tenant legally resides on said property and remains on-site during the duration of any short-term rental. I/we declare that only a portion of said primary residence is offered for short-term rental and the short-term rental satisfies the definition of a hosted unit as defined in Ordinance No. 19-ORO408- 1.

EXECUTED _____ day of _____, 20_____

 Signature of Property Owner(s)

APPROVED AS TO FORM: _____
 City Attorney

**NOTARY AND ACKNOWLEDGEMENT(S) MUST BE ATTACHED
 (EVIDENCE OF SIGNATURE AUTHORIZATION IS NEEDED)**