State-Owned Housing Rental Agreement Package Checklist

Instructions: *This checklist is a complete list of all required documents for employees and non-CDFW employees who will be residing in State-Owned Housing (SOH). The Site Manager completes all the required forms with the employee and then forwards the documents to the Regional SOH Coordinator, who will initial for verification, as applicable.*

The Regional SOH Coordinator will attach this checklist as a coversheet to the completed rental agreement package and submit all forms to **bmbstateownedproperties@wildlife.ca.gov**.

NOTE: *Adult Tenants must sign the Rental Agreement documents, minors will be listed in section 2 of the DFW 215 but do not need to sign. (See: Section 2 "Authorized Occupants").*

SECTION 1: Rental Agreements DFW 215

■ **REQUIRED:** Rental Agreement (DFW 215)

■ **REQUIRED:** Attachment "1" – Site Plan of RESIDENCE

■ **REQUIRED:** Exhibit A – Residence Inspection Checklist (DFW 1026)

■ Exhibit B – Disclosure of Information on Lead-Based Paint and/or Lead Based Paint Hazards (DFW 472) *(Required for all residences built before 1978)*

☐ Applicable _____ (insert initials)
☐ Not Applicable* _____ (insert initials)

■ Exhibit C – Disclosure of Information on Asbestos Containing Materials (DFW 471) *(Required for all residences built before 1981)*

☐ Applicable _____ (insert initials)
☐ Not Applicable* _____ (insert initials)

■ Exhibit D – Disclosure of Information on Methamphetamine Contamination *(Required if there is a known contamination in the residence. Attach copies of order and notice if applicable)*

☐ Applicable _____ (insert initials)
☐ Not Applicable* _____ (insert initials)

■ **REQUIRED:** Possessory Tax Acknowledgment Form (DFW 595)

■ **REQUIRED:** State Controller's Income Reporting & Possessory Interest Tax Reimbursement (DFW 1037)

■ **REQUIRED:** Taxable Fringe Benefit Notice/Designation (DFW 1116) *(Previously the DFW 1065 - Required for all employees residing in SOH regardless of whether or not residency is a condition of employment)*

■ **REQUIRED:** Smoke Detector & Carbon Monoxide Detectors Disclosure (DFW 1109)

■ Duty Statement *(If occupancy is a condition of employment, attach the duty statement with occupancy required language)*
- ☐ Applicable _____ (insert initials)
- ☐ Not Applicable _____ (insert initials)

■ Special Circumstances (DFW 633) *(Required for Sections 11, 12, 13 and 14 of Rental Agreements, as applicable)*
- ☐ Applicable_____ (insert initials)
- ☐ Not Applicable_____ (insert initials)

SECTION 2: Rental Agreement DFW 600A (*Non-CDFW Employees)*

■ **REQUIRED:** Rental Agreement DFW 600A

■ **REQUIRED:** Attachment "1" – Site Plan of RESIDENCE

■ Exhibit B – Disclosure of Information on Lead-Based Paint and/or Lead Based Paint Hazards (DFW 472) *(Required for all residences built before 1978)*
- ☐ Applicable _____ (insert initials)
- ☐ Not Applicable* _____ (insert initials)

■ Exhibit C – Disclosure of Information on Asbestos Containing Materials (DFW 471) *(Required for all residences built before 1981)*
- ☐ Applicable _____ (insert initials)
- ☐ Not Applicable* _____ (insert initials)

■ **600A ONLY:** Master Grazing Lease *(See section 31 of Rental Agreement; required if tied to Grazing Lease)*
- ☐ Applicable*_____ (insert initials)
- ☐ Not Applicable_____ (insert initials)

■ Special Circumstances (DFW 633) *(Required for Sections 11, 12, 13 and 14 of Rental Agreements, as applicable)*
- ☐ Applicable_____ (insert initials)
- ☐ Not Applicable_____ (insert initials)

NOTE: Please ensure all documents are signed as applicable, by all parties.

DFW 215 INSTRUCTIONS

Agreement Type: Using the check boxes at the top of the DFW 215, select the one appropriate agreement type:

- **New Rental Agreement:** Employee/Tenants without an existing Rental Agreement.
- **Renewal:** Annual rental agreement renewals taking place one year following the current rental agreement's execution date.
- **Modification:** Employee/tenants who have an existing rental agreement but need to make changes prior to annual renewals. Common examples of changes that require a modification are.

    - Changes to number of tenants and pets.
    - Employee classification changes, such as promotion.
    - Updated forms within the agreement such as the DFW 633.

Region: Select the corresponding region from the drop-down where the State-Owned Housing unit is located.

Reporting Structure No: Enter the corresponding Facility Reporting Structure Number for the State-Owned Housing unit.

Project No: Enter the corresponding Facility Project Number for the State-Owned Housing unit.

Residence Address, City, County, Zip: Enter the State-Owned Housing Unit's Address, City, County, and Zip Code.

Facility Name: Enter the Facility name where the State-Owned Housing Unit is located. Example – "Elkhorn Slough Ecological Reserve."

Residence Structure No: Enter the State-Owned Housing Unit's Residence Structure number. Example – "R4-52."

Employee Name: Enter the Full Name of the Employee/Tenant; last, first, and middle initial.

Employee Phone No: Enter the Employee/Tenants primary contact phone number.

Collective Bargaining Unit Identifier (CBID) No.: Enter the Employee/Tenant's Collective Bargaining Identifier including their letter designation. R for Rank-and-File Employees and S for Excluded Supervisory Employees.

Employee Type: Select from the drop-down menu the corresponding employee type based on the employee's position.

- Select Rank and File for employees with the R (Rank-and-File) designation in their CBID.
- Select Supervisor/Manager for employees with the S (Supervisory) excluded designation in their CBID.

Employee Classification: Specify the Employee/Tenant's classification as listed on their Duty Statement.

Employee Position No: Enter the Employee/Tenants position number from their Duty Statement.

Residence Type: Select the corresponding Residence Type from the drop-down menu.

Monthly Rental Rate: Enter the correct Monthly Rental Rate. If you are unsure of the correct amount check with your Regional SOH Coordinator. If the Regional SOH Coordinator is unsure, the Regional SOH Coordinator can confirm with their BMB SOH Analyst.

Move-In Date: Enter the intended date the Employee/Tenant will occupy the unit. Tenants will need to have an executed Rental Agreement prior to move–in.

Move-In Inspection: Enter the date the Move-In Inspection took place. This is the date that the Site Manager walks through the unit with the Employee/Tenant to capture the required information on the DFW 1026 form.

Employee Initials: Have the Employee/Tenant initial in the space confirming their approval of monthly rent deducted from their pay warrants. Employee/Tenants will need to pay rent by check or money order for the time that automated deductions are not active.

Full Name of Additional Occupant: Enter the Full Name of any Additional **Adult** Occupants. Minors will need to be listed in Section 2. as "Authorized Occupants" in the applicable field later in the form.

Phone No: Enter the best contact Phone Number for the corresponding additional adult occupants.

ADDITIONAL CLARIFICATION FOR SECTIONS ON DFW 215

2. **Authorized Occupants:** Identify Minor occupant(s) **only**.

3. **State-Provided Property:** Identify items and appliances provided by the State, including but not limited to: blinds, stove, washer/dryer, drapes, etc.

7. **Tax Liabilities (if applicable):** The Employee/Tenant will initial here if the Employee/Tenant is liable for taxes. If not applicable, leave blank. The Employee/Tenant may need to refer to their bargaining unit's MOU for clarification on whether they are liable for taxes or not.

8. **Utilities and Services (if applicable):** The Employee/Tenant will initial here if the Employee/Tenant is responsible for paying utilities separately and/or directly to the utility provider. In the line below includes the specific utilities. If not applicable, leave blank

11. **Pets – 14. Alterations (if applicable):** Detailed information for these sections will be captured on the DFW 633 Special Circumstances form.

22. **Disclosures:** Check the boxes for the applicable Exhibit Disclosures for the specific state-owned hours unit. Employee/Tenants must sign and initial off on the applicable exhibits.

38. **Exhibits:** Check the boxes for the applicable Exhibit Disclosures for the specific state-owned hours unit. Employee/Tenants must sign and initial off on the applicable exhibits and provide all required documents in the complete rental agreement package.