**(RESIDENTIAL AND/OR COMMERCIAL) RENTAL PROPERTY REGISTRATION FORM**

 **PERIOD OF January 1, 2017 to June 30, 2017**

DATE SENT: \_\_\_\_\_\_\_\_\_\_\_ **RETURN TO:** Code Enforcement Officer

RETURNED: \_\_\_\_\_\_\_\_\_\_\_ at the above address

**DUE SEMI-ANNUALLY**

Application is hereby made for a Rental Property(s) for the year(s) 2016 as required by (Chapter 5-715) of the Codified Ordinance for the Borough of Huntingdon amended by the Borough Council of the Borough of Huntingdon stating that any Landlord who is in the business of leasing or renting out one or more dwelling units, or one or more commercial space(s) shall be required to obtain a Rental Registration Form.

1. Business name and address. If business is conducted under a corporate or fictitious name, please list name

(PLEASE PRINT LEGIBLY)

|  |
| --- |
| Name: |
| Address of Property: |
| City/State/Zip: |
| Telephone Number: |
| Mailing Address: (If different that address of Property) |
| City/State/Zip: |
| Cell Number: |

1. Check whether business is: € Incorporated € Partnership € Individual € Agent € LLC
2. Give the name(s) of the legal owner(s) of the said business, their legal residence (excluding post office boxes), telephone number, and cell number.

|  |  |  |
| --- | --- | --- |
| Name | Name | Name |
| Address | Address | Address |
| City/State/Zip | City/State/Zip | City/State/Zip |
| Telephone #/ Cell #  | Telephone #/ Cell # | Telephone # / Cell # |

Landlord Rental Form (cont.) page 2

**Rental Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Check the appropriate category: € Residential € Student € Commercial

1. Number of Rental Units: Residential\_\_\_\_\_\_ Student \_\_\_\_\_\_\_ Commercial\_\_\_\_\_\_\_
2. Number of bedrooms:\_\_\_\_\_\_\_\_
3. Number of baths:\_\_\_\_\_\_\_\_\_
4. Number of spaces off street parking:\_\_\_\_\_\_\_
5. Number of vehicles:\_\_\_\_\_\_\_\_\_\_
6. Does the owner or tenant responsible for providing garbage service?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Fire legal liability and casualty insurance information:

Insurance Company’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does this rental have fire, smoke, & carbon dioxide alarms: € fire € smoke € carbon dioxide
2. Please list local emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print Name Phone Number

PLEASE NOTE: Failure to provide the above information required for proper enforcement of the rental property registration shall cause rejection of this application and require a new application.

I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF (18PA.C.S. #4909) RELATING TO UNSWORN FALSIFICATION OF AUTHORITIES.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY OWNER OR AUTHORIZED SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT NAME PLEASE PRINT NAME

|  |
| --- |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |

I hereby certify that proper registration of the above-referred applicant has been established with the Code Enforcement Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CODE ENFORCEMENT OFFICER DATE

Landlord Rental Form (cont.) page 3

**RENTAL PROPERTIES REGISTRATION FORM**

**For time period –January 1, 2017 – June 30, 2017**

RENTAL PROPERTIES INFORMATION

Please list the name(s) of the person or persons who rented real estate from said property owner including their last known addresses during the period **January 1, 2017 – June 30, 2017**.

(Note) 1- Add Additional Forms as Necessary.

 2- Deadline for Filing is January 31, 2016

Rental Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ € single dwelling € apt. building

PLEASE PRINT

Unit/Apartment # \_\_\_\_\_

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_Cell number

# of unrelated parties per/unit:

Unit/Apartment # \_\_\_\_\_

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_Cell number

# of unrelated parties per/unit:

Unit/Apartment # \_\_\_\_\_

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_Cell number

# of unrelated parties per/unit:

Unit/Apartment # \_\_\_\_\_

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_Cell number

# of unrelated parties per/unit:

Unit/Apartment # \_\_\_\_\_

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_Cell number

# of unrelated parties per/unit:

Unit/Apartment # \_\_\_\_\_

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_Cell number

# of unrelated parties per/unit: