Rental Registration Form
City of Hammond, Indiana

Receipt # _____
Year: 2014

The fee is $80 for Landlords per rental unit before April 15.
After April 15 a $500 late fee will be assessed per unit.
Please make check payable to: CITY OF HAMMOND Mail to: 5925 Calumet Ave., Hammond, IN 46320

☐ *I acknowledge that this fee is due yearly, between Jan. 1 and April 15th.*

Landlords are responsible for providing up to date tenant information.

Rental Property Address ***Only One Address per form***	**Number**	**Street Name**	**Type**	**Zip Code**
	(Example: 5925)	Calumet	Ave.	46320

Owner Name (Complete One)	**Company (Owner)**	**Company Name**	
		Contact Name	
	Individual(s) (Owner)	**Last Name**	
		First Name	

Owner Contact Info (No P.O. Boxes or Management Addresses)	**Address**			
	City/State/Zip			
	Phone		**Email Address**	

Management/ Emergency Contact Information	**Name**	
	Complete Mailing Address	
	Phone #	

Insurance Information	**Company**		
	Policy Number		**Policy Expiration Date:**
	Phone		

Unit & Tenant Information

As tenants change information MUST be updated!!

	UNIT #	Tenant Last Name	Tenant First Name	Tenant Phone Number	# of Bed-rooms	Office Use Only Sticker #	Office Use Only Cost $
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Applicant's Signature

By signing below, applicant swears all information provided on application is true to the best of their knowledge, also that entire application was read and understood.

X_____ **Date** _____

TENANT INFORMATION MUST BE UPDATED Year: **2014**

Unit & Tenant Information

As tenants change, information must be updated!!

Tenant Information must be updated upon a change in tenancy.

	UNIT #	Tenant Last Name	Tenant First Name	Tenant Phone Number	# of Bed-rooms	Office use only! Sticker #	Office use only! Cost $
11							
12							
13							
14							
15							
16							
17							
18							
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38							
39							
40							

Applicant's Signature

By signing below, applicant swears all information provided on application is true to the best of their knowledge, also that entire application was read and understood.

X_____ **Date** _____