



## Rental Registration Form Hammond, Indiana

Receipt # \_\_\_\_\_  
Year: 20 \_\_\_\_\_

**\*Fee: \$5 per rental unit due by April 15th. \*\$500 late fee will be assessed per unit after April 15th.  
Please make check payable to: CITY OF HAMMOND\* Mail to: 5925 Calumet Ave., Hammond, IN 46320**

**\*Initial to acknowledge the below statements: (REQUIRED)**

	I acknowledge that the rental registration fee or exemption affidavit is due annually on or before April 15 <sup>th</sup> .
	I acknowledge that motor vehicles operated/owned by the occupants of this property are subject to: <u>\$72.017 Resident Registration(B)</u> which requires registration with Indiana BMV within 60 days of occupancy.
	I acknowledge that if the rental property qualifies for an exemption but is later rented, I have 30 days to register the property or be subject to the \$500 late fee.
	I acknowledge that the acceptance of this registration does not validate the rental unit(s) meet minimum code requirements or have been legally constructed to allow occupancy.
	I acknowledge that should this property remain vacant for a period of 90 Days; the property must be registered as vacant in accordance with Ordinance § 150.072.

<u>Rental Property Address</u> <i>(One address per form)</i>	<u>Number</u> (Example: 5925)	<u>Street Name</u> Calumet	<u>Type</u> Ave.	<u>Zip Code</u> 46320

<u>Owner Name</u> <i>(Complete One)</i>	<u>Company</u> <i>(Owner)</i>	<u>Company Name</u>			
	<u>Individual(s)</u> <i>(Owner)</i>	<u>Contact Name</u>			
		<u>Last Name</u>			
		<u>First Name</u>			

<u>Owner Contact Info</u> <i>(No P.O. Boxes or Management Addresses)</i>	<u>Address</u>				
	<u>City/State/Zip</u>				
	<u>Phone #</u>	<u>Email:</u>			

<u>Management/ Emergency Contact Information</u>	<u>Company &amp; Contact Name</u>				
	<u>Complete Mailing Address</u>				
	<u>Phone #</u>				

<u>Insurance Information</u>	<u>Company &amp; Agent Policy #</u>				
	<u>Phone #</u>				

<u>Unit &amp; Tenant Information</u>		<u>Unit #</u>	<u>Tenant First Name</u>	<u>Tenant Last Name</u>	<u>Tenant Phone</u>	<u># of Bed-room</u>	<u>Lease Term (Start/End Date)</u>	<u>Office Use \$</u>
		<u>1</u>						
<u>2</u>								
<u>3</u>								
<u>4</u>								
<u>5</u>								
<u>6</u>								

<u>Applicant's Signature</u>	I swear, under penalties of perjury, that the information provided is true and I acknowledge that this entire registration form was read and understood.
X	DATE: _____



**RENTAL PROPERTY ADDRESS:**

**YEAR: 20** \_\_\_\_\_

<u>Number</u>	<u>Street Name</u>	<u>Type</u>	<u>Zip Code</u>

**\*PROPERTIES THAT CONTAIN 5 OR MORE RENTAL UNITS ARE CLASSIFIED AS A "RENTAL UNIT COMMUNITY" WHICH REQUIRES A SINGULAR \$5 REGISTRATION FEE BE ASSESSED.**

**\*TENANT INFORMATION PROVIDE MUST REFLECT LEASED OCCUPANT OF UNIT # LISTED.**

**\*AS TENANTS CHANGE, A "TENANT UPDATE FORM" MUST BE SUBMITTED TO ACCOUNT FOR THE NEW OCCUPANT.**

	<u>UNIT #</u>	<u>TENANT FIRST NAME</u>	<u>TENANT LAST NAME</u>	<u>TENANT PHONE</u>	<u># of Bedrooms</u>	<u>Lease Term</u>
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8						
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**APPLICANTS SIGNATURE**

I swear, under penalties of perjury, that the information provided is true and I acknowledge that this entire registration form was read and understood.

**DATE:** \_\_\_\_\_

X