

DEPARTMENT OF NEIGHBORHOOD ASSISTANCE
HOUSING DIVISION
146 S. HIGH ST. SUITE 700
AKRON OH 44308
330-375-2366 FAX 330-375-2328

OFFICE USE ONLY

Amt. Rec'd _____

Check/MO# _____

Date _____

Owner ID# _____

RENTAL UNIT REGISTRATION FORM

Section I: Owner(s) Required

Owner refers to person or persons with legal title

Please type of owner: Individual (), Sole Proprietorship (), Partnership (), Corp. (), Trust (), Other ()

Owner's Name: _____

Owner's Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: (____) _____ E-Mail Address: _____

Tax ID# of corporation or partnership: _____

If the owner is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Name and Title: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: (____) _____ E-Mail Address: _____

Section II: Complete only if the owner uses the services of an operator or contact person

(This is mandatory if the owner lives outside Summit County or an adjacent county)

Name of operator or contact person: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone#: (____) _____ E-Mail Address: _____

If the operator is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Name & Title: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone#: (____) _____ E-Mail Address: _____

Tax ID# of corporation or partnership: _____

The following fees apply for the total number of units owned:

1 Unit - \$ 15.00

2-5 Units - \$ 25.00

6-25 Units - \$ 75.00

26-100 Units - \$150.00

101 or More - \$250.00

Late registration fee - \$10.00 (if paid after January 15)

Make checks payable to:

City of Akron

Dept. of Neighborhood Assist .

Housing Division

146 S. High St. Ste. 700

Akron, OH 44308

List the address and \sqrt the type of all premises and residential structures with rental, land contract and vacant units:

Total number of units: _____

Address: _____ Apartment #'s _____

Type: Single-family ()
Multi-family () number of units if multi-family _____
Rooming house () number of sleeping rooms _____

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Additional properties may be listed on supplemental pages

I hereby acknowledge under penalty of law that I have completed this registration form truly and accurately to the best of my knowledge.

Owner or Operator Signature

Date

CITY OF AKRON

**SUPPLEMENTAL
RENTAL UNIT REGISTRATION FORM**

Owner's Name: _____

List the address and \surd the type of all premises and residential structures with rental, land contract and vacant units:

Address: _____ Apartment #'s _____

Type: Single-family ()
Multi-family () number of units if multi-family _____
Rooming house () number of sleeping rooms _____

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Type: Single-family ()
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(Over)

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Owner or Operator Signature

Date

List All Rental, Land Contract and Vacant Properties on Reverse Side