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|-------------------|
| Receipt # _____ |
| Year: <u>2022</u> |

Rental Registration Form City of Gary, Indiana

The fee is \$5 for Landlords per rental unit before March 30th
After March 31st a \$25 late fee will be assessed per unit.

Please make check payable to: **CITY OF GARY** Mail to: 401 Broadway Suite 100, Gary, IN 46402

MUST HAVE INSURANCE DELCARATION AND STATE ID!!!!

- I acknowledge that this registration/renewal fee is due yearly, between Jan. 1 and March 31st
- I acknowledge that all rental units are subject to inspection and all registered units do not necessarily confirm units are legal and/or safe according to fire and building codes.

Landlords are responsible for providing up to date tenant information.

| | | | | | | | | |
|---|--|-------------------------|-------------------------------|-------------------|---------------------|--------------------|------------------------------|----------------------------|
| Rental Property Address <u>Only One Address per form</u> | Number (Example: 401) | Street Name Broadway | | Type St./Ave. | Zip Code 46402 | | | |
| | | | | | | | | |
| Owner Name (Complete One) | Company (Owner) | Company Name | | | | | | |
| | | Contact Name | | | | | | |
| | Individual(s) (Owner) | Last Name | | | | | | |
| | | First Name | | | | | | |
| Owner Contact Information (No P.O. Boxes or Management Addresses) | Address | | | | | | | |
| | City/State/Zip | | | | | | | |
| | Phone/ Email | | | | | | | |
| Management/ Emergency Contact Information | Name | | | | | | | |
| | Mailing Address | | | | | | | |
| | Phone Number | | | | | | | |
| Insurance Information | Company | | | | | | | |
| | Policy Number | | Policy Expiration Date: _____ | | | | | |
| | Phone Number | | | | | | | |
| Unit & Tenant Information <u>Landlords are responsible for providing up to date tenant information.</u> | | Unit Number | Tenant Last Name | Tenant First Name | Tenant Phone Number | Number of Bedrooms | Office Use Only Sticker # | Office Use Only Cost \$ |
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| | 3 | | | | | | | |
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| | 5 | | | | | | | |
| | 6 | | | | | | | |
| Applicants' Signature | By signing below, applicant swears all information provided on application is true to the best of their knowledge and that the entire application was read and understood. | | | | | | | |
| | X Date: _____ | | | | | | | |



Rental Registration Form City of Gary, Indiana

| Unit & Tenant Information | | Unit Number | Tenant Last Name | Tenant First Name | Tenant Phone Number | Number of Bedrooms | Office Use Only | Office Use Only |
|---|----|-------------|------------------|-------------------|---------------------|--------------------|-----------------|-----------------|
| | | | | | | | Sticker # | Cost \$ |
| <p>As tenants change information MUST be updated!</p> <p>Landlords are responsible for providing up to date tenant information.</p> | 7 | | | | | | | |
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By signing below, applicant swears all information provided on application is true to the best of their knowledge and that the entire application was read and understood.

Applicants' Signature: _____ X _____ Date: _____