

DEPT. OF NEIGHBORHOOD ASSISTANCE/HOUSING
DIVISION

166 S. HIGH ST, 8th FL00R
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 fee applies for the total number of units owned:

\$ 15.00 per unit (\$1,500 maximum)

Revised 7/24/2018

Make checks payable to:

City of Akron

Dept of Neighborhood
Assistance/Housing Div.
166 S. High St, 8th Floor
Akron, OH 44308

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

List the address and \checkmark 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
DEPARTMENT OF NEIGHBORHOOD ASSISTANCE/HOUSING DIVISION
SUPPLEMENTAL
RENTAL UNIT REGISTRATION FORM

Owner's Name: _____

List the address and \checkmark 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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(Over)

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Owner or Operator Signature

Date