CITY OF DES MOINES
NEIGHBORHOOD SERVICES

Application for Rental Certificate

City of Des Moines – Neighborhood Inspection Zoning Division

602 Robert D Ray Drive, Des Moines, IA 50309

Phone: (515)283-4046 Fax: (515)237-1859 Email: nid@dmgov.org

ATTENTION: The enclosed application for rental certificate must be completed (both sides all questions) and returned to the neighborhood inspection office within 10 DAYS or a $26.00 research fee will be charged.

Rental Property Address:_____Bldg.: _____

Type of Property: ☐ Single Family ☐ Duplex ☐ Mobile Home ☐ Condominium

☐ Multi-family dwelling with #____Units ☐ Rooming House with #_____Units

☐ Common Area Occupancy Status: Occupied ☐ Vacant ☐

_____

Property Owner(s) Name: _____

The owner's name must be as it appears on Polk County Assessor's Records.

Mailing Address: _____

Physical Address: _____

If mailing address is a PO Box, a physical address must also be provided.

City_____State_____Zip_____Email _____

Phone: (work)_____(cell)_____(home) _____

If property is owned by a business, corporation, or partnership please provide the name of person authorized to sign for the business, corporation, or partnership: _____

Business Tax ID #_____

Phone:_____ Email address _____

ONLY AN INDIVIDUAL OWNER OR A LISTED OFFICER OR A CORPORATION, BUSINESS, TRUST OR PARTNERSHIP IS AUTHORIZAED TO SIGN THIS DOCUMENT. YOU MUST PROVIDE PROOF OF RIGHT TO SIGN FOR CORPORATION, BUSINESS, TRUST OR PARTNERSHIP AND A COPY OF THE SAME SHALL BE INCLUDED WITH THIS APPLICATION.

NOTICE: THE INFORMATION PROVIDED IN THIS APPLICATION IS PUBLIC RECORD. INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

A management agent is required to be appointed if the owner of residential rental property located in the city, resides outside of Polk County or any county contiguous to Polk County. The owner shall provide the Neighborhood Inspection Division with the name and physical address of an individual over the age of 18 who shall reside in Polk County or any county contiguous thereto to act as the contract person appointed to manage the property. Section 60-31 of the Municipal Code of the City of Des Moines.

Management Agent:

_____ _____

Name of company Name of management agent

_____

Email address

_____ _____

Address Physical address

City_____ State_____Zip _____

Phone: (work)_____(cell)_____(home) _____

The management agent will receive all notices of violations issued pursuant to the Residential Property Maintenance Code, invoices, certificates, and service of court proceedings in connection with the enforcement of the ordinances relating to this property.

If no management agent is required all notices of violations issued pursuant to the Residential Property Maintenance Code, invoices, certificates and service of court proceedings in connection with enforcement of the ordinances relating to this rental property will be sent to the owner at the address provided in this application.

I hereby acknowledge that I have completed this application and state that the information contained therein is correct.

_____ **Date:** _____

Owner's Signature

_____

Printed Name

ANY OWNER WHO FAILS TO RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF NEIGHBORHOOD INSPECTION DIVISION SHALL BE GUILTY OF A MUNCIPAL INFRACTION PUNISHABLE BY CIVIL PENALTY AS PROVIDED BY SECTION 1-15 OF THE CODE.

PLEASE VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION REGARDING INSPECTIONS, CHECKLIST AND FEES IN THE LINK BELOW:

https://www.dsm.city/departments/neighborhood_services/rental_inspections.php