RENTAL REGISTRATION APPLICATION

Charter Township of Independence
6483 Waldon Center Dr. Clarkston, MI 48346
Phone: (248) 625-8111, Option #1
www.indtwp.com

CERTIFICATE #_____

EXPIRATION DATE: _____

• RENTAL APPLICATION INSTRUCTIONS:

REQUIREMENTS/INSTRUCTIONS:

- Complete this application and submit with copy of driver's license.
  - Submit form in person, by mail or email to rentals@indtwp.com

FEES:

ONE-TIME APPLICATION FEE (SINGLE-FAMILY): $120.00
DUPLEX APPLICATION FEE: $140.00
MULTI-FAMILY APPLICATION FEE: $150.00

TERMS:

- A rental certificate must be issued before the property can be rented out.

TOTAL FEES PAID: $ _____

I. LOCATION OF RENTAL

STREET ADDRESS: APARTMENT #:

CITY: STATE: ZIP CODE:

SIDWELL/PARCEL ID: ZONING DISTRICT:

NAME OF APARTMENT COMPLEX:

NAME OF PROPERTY MANAGER: PHONE NUMBER:

II. OWNER INFORMATION

NAME OF INDIVIDUAL, TRUST OR LLC:

ADDRESS (NO P.O. BOX - MUST BE ADDRESS):

CITY: STATE: ZIP CODE:

PHONE NUMBER: EMAIL:

III. LOCAL AGENT INFORMATION - Rental properties must have a designated local agent that lives within 50 miles of the rental property. Property owners can be their own agent. ***** TENANTS CANNOT BE THE LOCAL AGENT ****.**

NAME OF INDIVIDUAL/COMPANY:

ADDRESS (NO P.O. BOX, MUST BE ADDRESS):

CITY: STATE: ZIP CODE:

PHONE NUMBER: EMAIL:

IV. PROPERTY INFORMATION

TYPE OF RENTAL PROPERTY:

□ SINGLE-FAMILY
□ DUPLEX (2-FAMILY)
□ MULTI-FAMILY (3 or more attached units)
# of units: _____
# of floors within building: _____

IS THIS PROPERTY PART OF AN HOA? _____

WHAT TYPE OF RENTAL AGREEMENT IS OFFERED? □ 30-DAY OR MORE □ LESS THAN 30-DAY

The signer(s) of this application does hereby state, warrant, certify and affirm that following:

1. All the information on this application is true.
2. I understand that the rental units shall be inspected for compliance as set forth within Independence Township's Rental Ordinance. The rental property can only be rented once the Township has issued a Rental Certificate.
3. I consent to inspections by Independence Township and will make the rental unit available for inspection upon request.
4. I understand that if the bi-annual inspection does not pass and a reinspection is needed, a $75.00 reinspection fee will be charged.
5. I understand that if I miss my scheduled inspection there will be a $75.00 fee charged.
6. A 24-hour notice is required to Cancel or Reschedule an inspection.

PHYSICAL SIGNATURE OF APPLICANT: _____

PRINT NAME: _____ DATE: _____