



City of Gary
DEPARTMENT OF COMMERCE
BUILDING DIVISION

JEROME A. PRINCE
Mayor

401 Broadway Room 307
Gary, IN 46402
(219) 881-1377
Fax: (219) 881-1425

DAVID STALF
Interim Building Commissioner

Rental Registration Exemption Affidavit

I, _____, property owner, being neither a minor nor incompetent swear and affirm under the penalties of perjury the following:

- 1.) I am the legal owner of the property located at: _____ Gary, IN 464____.
- 2.) I hereby do make application for a special exemption from the Rental Registration Requirements Ordinance #12-79/8639 for one or all of the following reasons:
 - () a) Licensed health care facility or graduated care, group home for the underserved, not for profit shelters, dormitories owned by institutions of higher learning, occupancy in federally subsidized and owned housing complexes which have multiple on-site units and which are owned and maintained by the federal government or local housing authority, employees of a landlord whose right to occupancy is conditional upon employment in or about the premises, occupancy under a rental agreement covering property used by the occupant primarily for agricultural purposes, unit owned by non-profits dedicated to housing those with disabilities. (Supply applicable documentation)
 - () b) Occupancy by the purchaser of a Dwelling Unit under a recorded contract of sale. (Supply applicable documentation)
 - () c) The property previously used as rental property is currently owner occupied. (Supply applicable documentation)
 - () e) Transient occupancy in a hotel, motel or other similar lodging, except for units occupied for continuous stays of thirty (30) days or greater. (Supply applicable documentation)

I hereby agree to furnish all necessary documentation as required to verify I am entitled to this exemption. Falsification of this document or failure to provide documentation will result in automatic denial of exemption and all applicable penalties may apply.

Printed Name _____ **Applicants Signature** _____

Subscribed and sworn to before me this _____ **day of** _____ **20** _____.

Notary Public
Lake County Residence
My Commissioner Expires: _____

Property owner information: (bottom portion must be completely filled out)

Mailing Address: _____

Phone Number: _____ Alternate Phone Number: _____