



# Rental Registration Form

## City of Gary, Indiana

Receipt # _____
Year: <u>20</u> _____

The fee is \$5 for Landlords per rental unit before March 30<sup>th</sup>  
 After March 31<sup>st</sup> 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 31<sup>st</sup>
- 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.**

<b>Rental Property Address</b> <small>Only One Address per form</small>	<b>Number</b> <small>(Example: 401)</small>	<b>Street Name</b> <small>Broadway</small>			<b>Type</b> <small>St./Ave.</small>	<b>Zip Code</b> <small>46402</small>		
<b>Owner Name</b> <small>(Complete One)</small>	<b>Company (Owner)</b>	<b>Company Name</b>						
		<b>Contact Name</b>						
	<b>Individual(s) (Owner)</b>	<b>Last Name</b>						
		<b>First Name</b>						
<b>Owner Contact Information</b> <small>(No P.O. Boxes or Management Addresses)</small>	<b>Address</b>							
	<b>City/State/Zip</b>							
	<b>Phone/ Email</b>							
<b>Management/ Emergency Contact Information</b>	<b>Name</b>							
	<b>Mailing Address</b>							
	<b>Phone Number</b>							
<b>Insurance Information</b>	<b>Company</b>							
	<b>Policy Number</b>			<b>Policy Expiration Date:</b>				
	<b>Phone Number</b>							
<b>Unit &amp; Tenant Information</b>  <b><u>Landlords are responsible for providing up to date tenant information.</u></b>		<b>Unit Number</b>	<b>Tenant Last Name</b>	<b>Tenant First Name</b>	<b>Tenant Phone Number</b>	<b>Number of Bedrooms</b>	<b>Office Use Only</b> <small>Sticker #</small>	<b>Office Use Only</b> <small>Cost \$</small>
	1							
	2							
	3							
	4							
	5							
	6							
<b>Applicants' Signature</b>	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: _____

