

## CITY OF WATERLOO RENTAL UNIT PERMIT APPLICATION

REQUIREMENT: No landlord, property manager, or responsible local agent shall lease, rent, or otherwise allow a rental unit within the city to be occupied without first obtaining or renewing a rental unit permit from the city and designating a responsible local agent. All rental units must be registered annually as required by this chapter. Registration shall be required regardless of whether the unit is occupied by a tenant, (9-7-5A). A rental unit is defined as any dwelling or portion thereof which is not eligible for the lowa homestead credit for property tax purposes and is not the domicile of the owner of the property, (9-7-3).

DIRECTIONS: Complete the application and return it with payment to the City Clerk's Office at the address below. List additional properties and each unit number on a separate page. Rent rolls may be submitted with the application. Failure to submit a complete application or register all rental units shall result in additional fees. INCLUDE PAYMENT OF \$25.00 PER UNIT WITH THIS FORM. FEE WILL DOUBLE ON JANUARY 1 FOR FAILURE TO SUBMIT AN APPLICATION ON TIME.

Date:				
I. PROPERTY INFORMATI	<b>ON</b> – Include additional p	properties and/or re	ent rolls on a sep	parate sheet
Property Address:		Unit Num	ber:	Unit Number:
Unit Number:	umber: Unit Number:		er:	Unit Number:
Party responsible for Yar	d Care/Trash Collection (Pl	ease check one):	Landlor	d Tenant
Local Agent Responsible	e for Rental Units:	Landlord	Property	Manager
Property Address:		Unit Num	ber:	Unit Number:
Unit Number:	Unit Number:	Unit Numb	er:	Unit Number:
Party responsible for Yar	d Care/Trash Collection (Pl	ease check one): _	Landlor	d Tenant
Local Agent Responsible	e for Rental Units:	Landlord	Property	Manager
II. LANDLORD/PROPERTY	YOWNER INFORMATION			
Property Owner Name/(	Company Name:			
Property Owner Address	:			
City:		State:	Zip Code:	
Phone:	Cell Phone:		Fax:	
Email:				
III. PROPERTY MANAGEI	R INFORMATION Is this	a new Property Ma	nager? Yes	No
Property Manager Name	e:			
Address:				
City:		State:	Zip Code:	
Phone:	Cell Phone:		Fax:	
Email:				