



Rental Property Registration Application

229 S. 2nd Street, Elkhart, IN 46516
(574)294-5474

TYPE OF APPLICATION: ☐ NEW ☐ RENEWAL ☐ DATA CHANGE

SECTION 1: Rental Structure Information

Rental Address:	Parcel NO.:
Total # of Units:	Unit #s:

SECTION 2: Owner(s) Information (Owner refers to person or persons with legal title)

Type of Owner: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other		
Property Owner(s) Name:		<input type="checkbox"/> Primary Contact?
Mailing Address:		
City:	State:	Zip:
Email:	Phone #:	
EIN/Tax ID#:		
If the above listed owner is in a company name, please complete the below information for one partner, officer, or trustee:		
Owner's Name:		<input type="checkbox"/> Primary Contact?
Mailing Address:		
City:	State:	Zip:
Email:	Phone #:	

SECTION 3: Property Manager Information (a local property manager is mandatory if the owner lives outside Elkhart County or an adjacent county)

Name of Property Manager:		<input type="checkbox"/> Primary Contact?
Mailing Address:		
City:	State:	Zip:
Email:	Phone #:	

SECTION 4: Provide 3 Inspection Dates/Times (we will inform you of the selected option)

Requested Date & Time:
Requested Date & Time:
Requested Date & Time:

THIS FORM MUST BE COMPLETED AND SIGNED BY THE OWNER OR PROPERTY MANAGER FOR THE CERTIFICATE TO BE ISSUED.

THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Owner or Authorized Property Manager

Date