



## **REGISTRATION FORM**

Please complete all information below and sign where appropriate. **REGISTRATION FEES - \$5.00 PER STRUCTURE.** Please make checks payable to: City of Washington.

**Return Application and Required Documents/Fees to:** City of Washington • Washington Rental Dwelling Program • 2113 Memorial Avenue • Washington, IN 47501

### **1. Type of Application**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Rental Registration | <input type="checkbox"/> Change Contact Information | <input type="checkbox"/> Change of Owner |
| <input type="checkbox"/> Change of Agent         | <input type="checkbox"/> Change # Properties        |  |

### **2. Property Information**

Legal Property Address: \_\_\_\_\_

Type of Rental:      Single-Family      Two-Family      Multi-Family (Number of Units \_\_\_\_\_ )

Name of Apartment Complex (if applicable) \_\_\_\_\_

If you are registering multiple properties, please list the other properties on the last page. There is no need for apartment complexes to list each individual unit. Please list total number of units above.

### **3. Owner(s) Information**

Company Name (if applicable) \_\_\_\_\_

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Acting as Own Agent:

Yes

No, please complete Section #4

*I affirm the information contained in this registration form is correct and that the Agent listed below is correct and that it is my responsibility to notify the City of any changes in my mailing or contact information.*

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_



**Washington Rental Regulation  
Dwelling Program**  
2113 Memorial Avenue  
Washington, IN 47501  
(812) 254-8208

#### 4. Agent Information (if other than Property Owner)

Company Name (if applicable) \_\_\_\_\_

Agent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

*I affirm the information contained in this registration form is correct.*

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

#### 5. Correspondence and Contact Information

Send Correspondence/Billings to:  Owner  Agent

Contact for Inspection Appointments:  Owner  Agent

#### 6. Contact Information for Person Authorized to Order Repairs and/or Service (if different from Owner or Local Agent)

Company Name (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

*I affirm the information contained in this registration form is correct.*



## Washington Rental Regulation

### Dwelling Program

2113 Memorial Avenue,

Washington, IN 47501

(812) 254-8208

If you are registering multiple parcels, please list the other parcels and number of units below. There is no need for apartment complexes to list each individual unit. Please list total number of units on page 1 in Section 2 - Property Information.

Please Check the Rental Type: Single-Family (S-F) Two-Family (T-F) Multi-Unit (M-U)

Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
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Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
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Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U

I (we), \_\_\_\_\_, affirm, under the penalties for perjury, that I (we) do not maintain any illegal homestead exemption on any rental unit.

The applicant states that: he/she agrees to conduct maintain and supervise all rental units so as not to create a nuisance, or permit or conduct activity in the unit or on the premise that endangers the public health or welfare; the applicant certifies the accuracy of all information contained in the application and that does not contain any material omissions and/or materially false or misleading information. The applicant acknowledges that he/she is responsible for updating rental registration application within 30 days of any change.

The applicant acknowledges that all rental units are subject to inspection and rental unit registration alone does not commit units are legal and/or safe according to fire and/or building codes. Applicant acknowledges that the City of Washington is not responsible for determining whether or not the use of this property as a rental unit is prohibited by deed restrictions, neighborhood covenants, recordable commitments, or any other similar restrictions.

I (we), \_\_\_\_\_, affirm, under the penalties for perjury, that the above statements are true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_