

Registration Application for Rental Property



CITY OF DALLAS

(FOR OFFICE USE ONLY)

ACCOUNT NUMBER: _____ DATE PAID: ____/____/____ [] RENEWAL [] NEW

REGISTRATION FEE PAID: \$ _____

INSTRUMENT NUMBER: _____

INSTRUMENT TYPE: [] CK [] MO [] CC [] CASH

PAYOR: _____

(If different than customer/applicant, capture address, C/S/Z, phone number)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____ PHONE: (_____) _____ - _____

Instructions:

- A certificate of registration will not be issued until all current fees and fines resulting from the operation of the non-owner occupied rental program property (or properties) are paid or settled.
- The information marked with an asterisk (*) is required and those applications without that information will not be accepted. Use N/A if not applicable.

PROGRAM APPLICATION

Property Address:

* () SINGLE FAMILY RESIDENT () MULTI-FAMILY () CONDO ASSOCIATION () CONDO UNIT(S)

TYPE OF REGISTRATION (CHECK THE APPLICATION BOX BELOW)

- INITIAL REGISTRATION
- REGISTRATION RENEWAL
- UPDATE PROPERTY OR OWNERSHIP INFORMATION
- RELINQUISH OWNERSHIP

OWNERSHIP INFORMATION

*Property or Properties owned by:

Individual

Corporation

Partnership

Other, please specify:

*Property Owner(s) Information

*Owner Name:		
*Address:		
*Phone No:	Fax No:	Email:

***If the owner is not a natural person, please provide the following information:**

*Name of Registered Agent:		
*Address:		
*Phone No:	Fax No:	Email:

*Person Authorized to receive legal notice:		
*Address:		
*Phone No:	Fax No:	Email:

EMERGENCY CONTACT

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

Location of Business Records (must be within the City of Dallas)

*Address:

Volume, page and county of recording for the Owner's Deed of the property

*Information:

Name and address for each principal officer, general partner, manager, or other person charged with operation, control or management of the entity.

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

***Property Manager (if any): See Condo Association / Multi-Family Addendum Affidavit if complete**

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

Name of Property Lien Holder

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

Name of Insurance Provider

*Name:		
*Address:		
*Phone No:	Policy Number:	Email:

I AM A PERSON WHO IS THE OWNER, LANDLORD, OR PROPERTY MANAGER OF THE RENTAL PROPERTY THAT IS THE SUBJECT OF THIS APPLICATION. I HAVE READ THE COMPLETED APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT AND HEREBY AGREE THAT, IF A CERTIFICATE OF REGISTRATION IS ISSUED, I WILL COMPLY WITH ALL APPLICABLE PROVISIONS OF CHAPTER 27 OF THE DALLAS CITY CODE, AS AMENDED, AND ALL APPLICABLE STATE LAWS.

SIGNATURE OF OWNER / OPERATOR / PERSON IN CONTROL (REQUIRED)

PLEASE INCLUDE A COPY OF A GOVERNMENT-ISSUED PHOTO IDENTIFICATION CARD OF OWNER, IF A NATURAL PERSON.

DRIVER'S LICENSE OR IDENTIFICATION NUMBER / ISSUING STATE (REQUIRED)

ATTACH ADDITIONAL INFORMATION YOU DEEM NECESSARY TO AID IN THE DETERMINATION OF WHETHER THE REGISTRATION APPLICATION WILL BE DEEMED COMPLETE OR THAT THE DIRECTOR DEEMS NECESSARY.

APPLICATIONS FOR SINGLE FAMILY PROPERTIES OR CONDOMINIUM UNITS SHOULD BE SENT TO: 3131 DAWSON, 2ND FLOOR, DALLAS, TEXAS 75226. APPLICATIONS FOR MULTI-TENANT PROPERTIES OR CONDOMINIUM ASSOCIATIONS SHOULD BE SENT TO: 7901 GOFORTH ROAD, SUITE M, DALLAS, TX 75238.

Condominium Association or Multi-Family Rental Addendum

Property address on this application: _____

List all addresses for the rental property

Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip

Additional Property information

Number of dwelling units	
Number of buildings	
Number of swimming pools	
Total number of bedrooms on property	

Condominium Association Information

*Condominium Association Name:		
*Address:		
*Phone No:	Fax No:	Email:

Recycling Information

Do you currently offer recycling (e.g. paper, plastic/metal bottles and cans, cardboard, etc.) to your residents? ___ YES ___ NO

Affidavit

In addition to the information required above the applicant must also certify that the following statements are true by checking the space next to each statement:

1. ___ There are no outstanding and unpaid property taxes or city liens against the property.
2. ___ Operation of the rental property as currently configured does not violate the city's zoning ordinance.
3. ___ The rental property has a valid and adequate Certificate of Occupancy.
4. ___ If the rental property owner is an entity required to be registered or incorporated in its jurisdiction of formation, said entity is duly formed, existing, and in good standing with the jurisdiction.

Printed Name of Applicant _____

Signature of applicant _____