

# 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

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:**

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

## TYPE OF REGISTRATION (CHECK THE APPLICATION BOX BELOW)

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

## OWNERSHIP INFORMATION

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**\*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:
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## Volume, page and county of recording for the Owner's Deed of the property

*Information:
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**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:

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**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.**

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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.

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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, 2<sup>ND</sup> FLOOR, DALLAS, TEXAS 75226.

APPLICATIONS FOR MULTI-TENANT PROPERTIES OR CONDOMIUMN ASSOCIATIONS SHOULD BE SENT TO: 7901 GOFORTH ROAD, SUITE M, DALLAS, TX 75238.